Do nurse have a role to play in smoking cessation?

Wilson, J., Fitzsimons, D., & Elborn, S. (2006). Do nurse have a role to play in smoking cessation?. 76-76. Abstract from The 2006 Royal College of Nursing International Nursing Research Conference , York, United Kingdom.

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RCN EVENTS

Royal College of Nursing of the United Kingdom Research Society

The 2006 International Nursing Research Conference

www.man.ac.uk/rcn/research2006

Tuesday 21 – Friday 24 March 2006

York Racecourse, York

Programme

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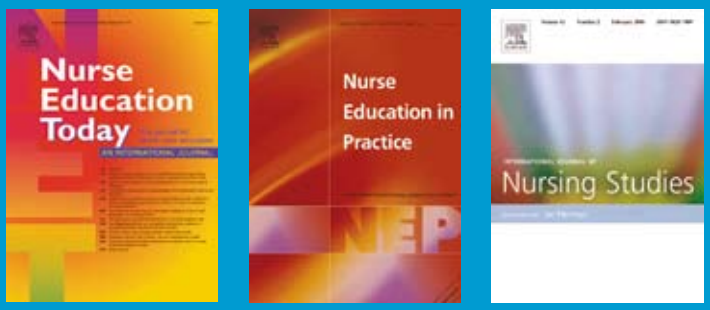
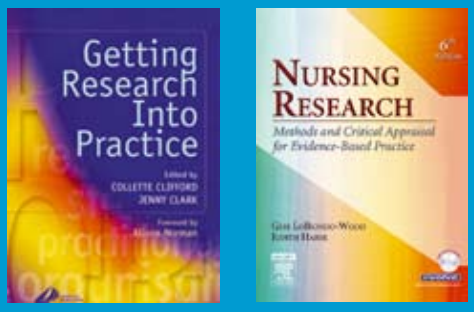
NURSINGSTANDARD

Royal College of Nursing

nursing for life

All you need to nurse





ELSEVIER

ELSEVIER ARE PROUD TO SPONSOR THE RCN INTERNATIONAL NURSING RESEARCH CONFERENCE POSTER PRIZE

Welcome

Dear Colleague,

It is a pleasure to welcome you to this year's RCN International Nursing Research Conference.

The conference aims to present knowledge from the leading edge of nursing research. As well as plenary presentations, symposia, and workshop presentations, you can choose from over 200 concurrent presentations. Alongside these presentations, there will be on display over 80 poster presentations.

We have a varied menu of fringe events. Full details are included within the conference programme.

There is an impressive exhibition that we hope you will take time to visit. We hope that you have the opportunity to network with colleagues from far and wide, and still get time to enjoy the social events that have been planned and do some sight seeing in York

We are always keen to receive feedback, so please do take the time to complete your evaluation and return the form to the registration/enquiries desk before your departure.

Enjoy York

Professor Kate Gerrish
Chair, RCN Research Society Committee

Professor Hugh McKenna
Chair, Scientific Committee

Dr Andrea Nelson
Chair, Organising Committee

Contents

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Acknowledgements

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JAN 30th Anniversary

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General information

Venue

The conference is being held at York Racecourse, The Knavesmire, York. YO23 1EX.

Conference registration and enquiries

The registration and enquiries desk will be in the entrance to the Knavesmire Stand at York Racecourse. Registration will be open as follows:

Tuesday	09.00 – 18.30
Wednesday	08.30 – 18.30
Thursday	08.30 – 17.45
Friday	09.00 – 15.45

Badges

For security purposes, participants must wear their badges at all times. Participants will not be admitted to the conference sessions without their identity badge.

Mobile phones and pagers

Participants are asked to ensure that all mobile phones and pagers are turned off during conference sessions.

Plenary/Main hall sessions

Plenary/Main hall presentations will all take place at 3rd floor of the Knavesmire Stand.

Concurrent sessions, Workshop and Symposia

All sessions will take place within the Knavesmire Stand.

Places will be allocated on a first come first served basis. To ensure a seat, please arrive promptly.

4th Floor Rooms:	Dettori Piggott Francome Carson Fallon Eddery Fortune
3rd Floor Rooms:	Main Hall Gladness 1 Gladness 2
2nd Floor Rooms:	Sharpo Dayjur
Ground Floor:	Exhibition, posters, catering, cybercafé, registration, speakers information point and enquiries

Exhibition and posters

The exhibition and posters will be displayed on the ground floor of the Knavesmire Stand.

Opening times:

Tuesday	09.00 – 18.30
Wednesday	08.30 – 18.30
Thursday	08.30 – 17.45
Friday	09.00 – 14.00

Catering

All refreshment breaks (teas and coffees), and lunches will on the ground floor of the Knavesmire Stand.

All fringe events will have a buffet lunch served within the room.

Evening meals are not included within the conference fees.

Cybercafe

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The cybercafé will be open the following times:

Tuesday	09.00 – 18.00
Wednesday	08.30 – 18.00
Thursday	08.30 – 17.30
Friday	09.00 – 14.00

Due to the popular demand of the cybercafé delegates will be subject to 30 minutes maximum at any one time.

Social events

Tuesday – welcome reception THE UNIVERSITY of York

A welcome reception, supported by York University, will take place from 18.15 – 19.00 within the exhibition and posters on the ground floor of the Knavesmire Stand. Wine and nibbles will be served.

Wednesday – International Reception SAGE Publications

An international reception, supported by Sage Publishing, will take place from 17.45 – 18.45 within the the exhibition and posters on the ground floor of the Knavesmire Stand. This is an opportunity for all delegates to network and met members of the RCN Research Society Steering committee, as well as a welcome speech from Dr Beverly Malone, General Secretary of the Royal College of Nursing. Entertainment will be provided by a steel band and cocktails will be served.

Thursday – Conference Dinner

19.30 Pre-dinner drinks

20.00 Conference dinner

The conference dinner will take place in the Ebor Stand, (next door to the Knavesmire Stand), of York Racecourse.

The wine is sponsored by Nursing Standard.

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There will be a limited number of tickets for purchase from the registration desk. Tickets must be shown upon arrival to gain entrance to the dinner

Fringe events

Full details of the conference fringe programme is detailed in pages 10 - 15.

Lunch will be served in each of the Fringe Events.

Message board

A message board is located in the registration area.

Disabled access

Please contact the registration/enquiries desk for assistance.

Lost and found

Please contact the registration/enquiries desk.

First aid facilities

In the first instance, please contact the registration/enquiries desk.

Cloakroom

A staffed cloakroom is available on the third floor of the Knavesmire Stand. The opening times will be:

Tuesday	09.00 – 19.00
Wednesday	08.30 – 18.30
Thursday	08.30 – 17.45
Friday	09.00 – 15.45

Toilets

Toilets are located at the back of the exhibition and poster areas or in the foyer of the third and fourth floors.

No smoking policy

All RCN conferences have a no smoking policy and therefore, smoking is not allowed in any areas being used by participants.

AV

Conference Audio Visual services are kindly supported by The R&B Group

THE R&B GROUP

The R&B Group engineers will be on hand throughout the conference to assist with any AV enquiries you may have. Please do not hesitate to ask any of the multi-skilled engineers should you require help and assistance with AV or IT. Alternatively the engineers are always contactable via the registration or speaker's information point at the main entrance or via conference stewards.

The RCN does not accept any liability for loss or damage to personal effects that may arise as a result of attendance at this event.

The RCN has endeavoured to ensure the accuracy of the materials printed within this programme. Any queries relating to any of the papers should be addressed to the presenter.

Lunch-time fringe programme

Tuesday 21 March - 12.15 – 13.15

Novice Researchers

Dr Barbara Jack, Senior Research Fellow, Edge Hill College of Higher Education & Dr Charles Hendry, Senior Lecturer, University of Dundee

Venue: Sharpo

This fringe event is aimed at nurses based in clinical and academic settings - who are in the early stages of undertaking research or who may be planning to start a research project.

The research road can be very long and winding with plenty of road works to stop you in your tracks. In the early stages of undertaking research this can be a journey in which a little help, direction and support can be of great value.

The purpose of this event is to establish what may be of help to you on the research journey. Additionally the last 3 years fringe events have provided feedback to the Research Society Steering Committee as to what help nurse researchers need.

The aims of this event are to enable you to:

- meet with others at a similar stage of their research development
- share experiences
- find out what help is available
- meet new people and network

So come along and meet us at this event and you never know you might find the exact help that you were looking for.

Launch of Lisbeth Hockey Website

Ms Julia Quickfall, Nurse Director, Queen's Nursing Institute, Scotland and Ms Rosemary Cook Nurse Director Queen's Nursing Institute

Venue: Dettori

During her lifetime, Lisbeth Hockey (1918-2004) made a huge contribution to nursing research and teaching. Her prowess of critical thinking and inquiry led to many publications and articles, and she received international recognition for her pioneering of community nursing research. During this time, she developed and maintained strong links with the Queen's Nursing Institute (QNI) and the Queen's Nursing Institute Scotland (QNIS).

In order to develop a lasting tribute to Dr Hockey, QNIS collected donations from her many colleagues in the United Kingdom and Canada to enable the development of a small website in her name.

This Fringe Meeting is an opportunity to find out more about the Lisbeth Hockey Website, which is being launched at the RCN International Research Conference in March 2006. The website will contain a listing of archived resources, biographical information, as well as other information about Dr Hockey. Kate Mason, an archivist at the RCN in Edinburgh will be on hand to show interested people the website and how to navigate the range of resources available on the site

Building a Stroke Network

Professor Lorraine N Smith, Professor of Nursing, University of Glasgow and Ms Louise Craig Job Title, Place of Work

Venue: Dayjur

The focus of this event is to bring together all those currently working in stroke and/or neurological research and who are interested in building multi-centre projects. As with much of nursing research, stroke and neurological projects are often small in scale and scope, thereby limiting their impact and influence. We aim to identify and develop a network of units who are prepared to work collaboratively and to apply for joint research funding. Such a network could facilitate research secondments, the pooling of expertise and more directly deliver on the 'patient focus/public involvement' agenda.

http://www.gla.ac.uk/schools/nursing/strokeresearch.html

Knowledge transfer: the art and science of making research relevant

Dr Susan Hamer. Director of Health Enterprise and Professor Claire Hale, Professor of Clinical Nursing, University of Leeds

Venue: Gladness 1

This fringe is aimed at conference participants who want to know more about the growing area of Knowledge Transfer – a term that keeps appearing in official documents. At first sight might look as if it is only concerned with turning scientific discoveries into marketable products which will make millions of pounds for the Universities! But while this might be one aim, it is not the only one and there is now a growing awareness of the importance to Health of effective knowledge transfer with the WHO saying that a stronger emphasis should be placed on translating knowledge into action to improve public health, by bridging the gap between what is known and what is actually done.

Knowledge transfer is certainly about 'getting research findings into practice' but to do this successfully, it requires a new set of skills in which innovative approaches are essential. What we want to do in this fringe is to bring together a group of people who are interested in finding out more about and discussing

- The key concepts and issues of knowledge transfer including the role of the knowledge broker
- How we identify the opportunities in the research cycle for Knowledge Transfer activities

We also want to discuss ways in which Knowledge Transfer Activities can become a central theme for a conference such as this one

Recommended reading:

WHO (2004) World report on Knowledge for Better Health. WHO Geneva

Lavis et al. (2003) How can research organisation more effectively transfer research knowledge to decision makers? The Millbank Quarterly, 81(2) 221-248

Canadian Health Services Research Foundation web site (www.chsrf.ca)

Economic and Social Research Council web site (www.esrc.ac.uk)

Tuesday 21 March - 12.15 – 13.15

Emotional Labour Research Group (EM NET)

Dr D M Mazhindu, Principal Lecturer, Research, Liverpool John Moores University, Faculty of Health and Applied Social Sciences Centre for Research, Liverpool

Email d.m.mazhindu@livjm.ac.uk, www.emotions-at-work.co.uk

Room: Gladness 2

What is it about?

An international, multidisciplinary research group that explores working with emotions; emotions at work: research on the relationship between emotions, work, professional occupations, organisations, education, and health. This will be of interest to anyone responsible for the quality of service delivery in all service industries, especially health and social care.

- Emotional labour represents the qualitative difference in a work related task that is performed in a caring way, which puts the recipient of care at the centre of the work equation despite very difficult and often unpleasant circumstances.
- Jobs that entail emotional labour are most likely to be performed in service professions, who interface directly with the public, and who are expected to demonstrate the ability to care as an integral part of their work performance.
- Issues such as gender, race and ethnicity shape and construct emotional identities and emotions "at" work impact on work related performance.
- The value of recognising emotions as central to the way skilled care is carried out at point of delivery is vital to Human Resources at the time of appointing staff, integral to staff development and appraisal, and crucial to incorporate into pre and post-registration training and education programs for service industries.
- There is an emotional cost to caring in the professions, but the extent to which this impacts upon emotions "at work", professional identity, gender, roles, professional practice and service delivery is under researched currently, especially from the point of view of service users.

What will you get from this fringe event?

- Sources of research based evidence for practice into the role of emotions at work on health and well-being.
- Insight into how service users can benefit from an emotionally aware workforce.
- Opportunities to network nationally and internationally.
- Best available evidence: resources journals and books.
- Information on future events

Wednesday 22 March - 13.05 – 14.05

'A back to basics model to encourage non medical research'. *Ms Charlotte Moen, Clinical Governance Manager, Aintree Hospitals NHS Trust* **Venue: Gladness 1**	The Aintree Hospitals NHS Trust Research Network was formed in 2001 to encourage and support nurses and allied health professionals (AHPs) to undertake research. The Network consists of nurses, AHPs, Clinical Trials staff, Clinical Scientists and a lecturer from Edge Hill School of Health Studies. The network has been developed in partnership with education and Health Research and Development North West (R&D NoW) and has recently been expanded to cover the Walton Centre for Neurosurgery and Neurology. During the workshop we will share our experience of setting up the Network, the benefits of collaborative working and our achievements. This Fringe meeting offers the opportunity to learn from a successful model that aims to over come the barriers associated with non medical research. It also offers the opportunity to consider issues through a facilitated discussion: • what are the issues and problems associated with encouraging non medical research • how do you overcome the barriers • how and why did we develop the model • what have we learnt through our experience • the vision for the future This fringe event is an opportunity for those interested in encouraging non medical research to share their experiences and to discuss examples of successful models.
Primary Care Nursing Research Network *Dr Vari Drennan, Director, Primary Care Nursing Research Unit, University College London and Professor Fiona Ross, Dean of the interdisciplinary Faculty of Health and Social Care Sciences at Kingston University and St George's University of London* **Venue: Piggott**	The Network was formed to help nurses, midwives and health visitors build a stronger research presence in primary health care. The Network mainly operates through the internet. It is for nurses, midwives and health visitors involved or interested in research in primary health care. It is intended to assist network building through communication on a) current research, b) relevant policy & funding issues c) knowledge and skills sharing d) helping develop collaborations. This Fringe meeting offers the opportunity to network with others from within and outside the UK. This meeting will include a novel approach to meeting others through speed networking. We are also pleased to welcome Professor Nigel Mathers, Chair of the Royal College of General Practice Research Group who will join us in discussing opportunities for multi-disciplinary research in primary care. PrimaryCareNursingResearchNetwork@yahoogroups.com http://groups.yahoo.com/group/PrimaryCareNursingResearchNetwork http://www.man.ac.uk/rcn/ukwide/pcnr.htm.
Agenda for Change: the story so far, looking at outcomes for RCN members *Mr Gary Kirwan, Employment Relations Adviser, Royal College of Nursing* **Venue: Dettori**	The meeting will be an opportunity for members to be updated on the latest national position regarding the Agenda for Change process. It will also be an opportunity to explore Job evaluation outcomes and queries and discuss via a Question and answer session, the impelmentation of the NHS Knowledge and Skills Framework in the NHS and the opportunities for career development, training and educaion that flow out of the KSF.
'The good, the bad and the just plain ugly': Developing clinical academic careers for nurses *Professor Tony Butterworth CBE, FMedSci, FRCN, FRCPsych,, Director, The Centre for Clinical & Academic Workforce Innovation, Lincoln University* **Venue: Gladness 2**	Two recent work streams have concentrated on developing clinical academic careers for health professions in the United Kingdom. The first under the patronage of StLar (a strategic, inter-Departmental Government Committee) has made recommendations for the development of the careers of researchers and educators for all health professionals (www.stlarhr.org.uk) . The second, sponsored by the United Kingdom Clinical Research Collaborative, is undertaking particular work to develop the clinical academic careers of nurses. One of the main difficulties once this work is complete will be to implement its findings. There are three points of discussion and debate to be addressed at this fringe meeting. • The good – what best practice can we emulate and make 'everyday' in clinical academic career development? • The bad - what obstructions might get in the way of good practice in clinical academic career development? • The just plain ugly – where will the funding come from and where should it be spent? This meeting will begin with a very short presentation of the emerging issues and, following a lively debate, end with some beautiful solutions. You should come, it will be more beneficial than a spa and sauna and better for your career!
Busting bureaucracy: The way forward for research governance *Ms Wendy Fisher, R&D Coordinator, South East London Strategic Health Authority Chair – Professor Martin Johnson, Professor of Nursing, University of Salford* **Venue: Sharpo**	The RCN been a major source of research ethics guidance since 1977, but members have become frustrated by the increasingly large array of procedures and checks necessary for even quite small and non-invasive projects. In the aftermath of the Department of Health's Research Governance Framework and in the context of more nurses using and undertaking research in various capacities, the Department of Health has taken serious account of criticisms from professional researchers and students alike. The Report of the Ad Hoc Advisory Group on the Operation of NHS Research Ethics Committees (Warner Report) and Best Research for Best Health have both made efforts to maximise safety and rigour in research whilst facilitating access. The event will provide an opportunity to be updated on recent research governance guidance and sources of advice in negotiating access, ethics and research management
How to write a research protocol & apply for funding *Hosted by Cathryn Hart, Senior Researcher, North Yorkshire Alliance Research & Development Unit* **Venue: Francome**	Every investigative project should have one! A research protocol is the WHAT, WHY and HOW of your project and is the tool you use to explain, or sell, your idea to others, e.g. potential funders, sponsors, colleagues and ethics committees. So what makes a good research protocol and what should it include? This session will describe how you turn a research idea into a well-constructed research protocol. It will also provide pointers for applying for external grant funding for projects. Those who are fairly new to research, or need to conduct a research project as part of a higher degree or simply require a refresher, are likely to find this session useful. There will be a formal presentation followed by some time for discussion and questions.

Wednesday 22 March - 13.05 – 14.05

Publishing Research – An Advanced Workshop

Professor Alison J Tierney, Editor-in-Chief of Journal of Advanced Nursing

Venue: Dayjur

Although important 'basics' of writing and publishing will be revisited, this Workshop will focus on recent changes and current developments in publishing (e.g. online publishing and the 'open access' movement), and on some of the more 'advanced' issues attached to publishing research, including:-

- Decisions about what (and when) to publish from research, including multiple publications from research projects/programmes
- Managing co-authorship in team-based research
- Considerations attached to deciding where to publish (e.g. Impact Factor)
- Issues in the reporting of conventional and less conventional forms of research
- Publishing internationally; aspiring to the goal of 'international excellence' and other 'research quality' performance indicators
- Dealing with revision; avoiding rejection
- Maximising potential for dissemination, impact and uptake of new research

The Workshop will be in the form of a Powerpoint slide show, but with opportunity for questions and discussion along the way, and finishing with open discussion in order to maximise participation, networking, and the sharing of ideas (and practical tips and encouragement!).

This Workshop is intended for participants who are basically familiar with the publishing process, and who already have publications to their name.

Thursday 23 March - 13.05 – 14.05

Meet the RCN Fellows – An informal fringe meeting

Professor Susan Read MBE, FRCN Professor of Nursing Research, University of Sheffield

Venue: Sharpo

RCN Fellowships are conferred in recognition of exceptional contributions to the advancement of nursing science, art, education or the profession more generally.

A number of RCN Fellows will be present at the Conference and will be available to discuss with delegates how Fellows can contribute more fully to the work of the RCN, and particularly in the context of this conference, how Fellows can encourage and facilitate a more research based approach to nursing.

Delegates are invited to come with their questions and suggestions which can then be relayed to a fuller meeting of Fellows later in the year.

PhD Network - Troubleshooting your PhD: What can go wrong and what to do about it

OR "My dog ate my PhD". "My supervisor is a vampire"

Ms Jacky Griffith (aka Trisha) Lecturer, University of Plymouth & Professor Martin Johnson (aka Jeffrey Springer) Professor of Nursing, University of Salford

Venue: Dayjur

Come along and meet up to discuss how to get through your PhD without too many hiccups. Talk about typical problems and possible solutions in a friendly and constructive format. The RCN PhD network meets informally two or three times a year and exists to help students network and gain support from others. This fringe event is for you if:

1. If you are a student, then come along and talk to us.
2. If you have your PhD and have some handy hints on how to emerge from the process successfully (with your sanity intact) then come along and share your experience.
3. If you are thinking of doing a PhD, then forewarned is forearmed !

Calling all conceptual and category analysts -

Dr Angela Grainger, Assistant Director of Nursing, King's College Hospital NHS Trust

Venue: Gladness 1

The identification of concepts and the concomitant creation of categories whilst ultimately rewarding, can also be frustrating! Qualitative research can be an exciting journey, but at times it can also be a lonely and overwhelming one.

This fringe event is help support further networking, and the exchange of good ideas and practices in accessing and handling qualitative data. It's very much about us sharing qualitative research practicalities in relation to 'what worked for me', and 'have you tried this'.

All interested in qualitative research are welcome, whether you are new to the field, thinking of having a go, or have notched up lots of experience. Come and enjoy some company with other qualitative researchers. Whilst I am a grounded theorist, this fringe is not solely aimed at those engaged in grounded theory work, as there are lots of other qualitative researchers around who use methods that focus on conceptual and category analysis, so do please join us as your experience in qualitative work is valued. The aim of this fringe is to discuss the things that are important to us as qualitative researchers.

North West - Research Presence: What is it and how do I get some? -

RCN Research Society North West Group

Venue: Dettori

Developing researchers and those concerned with success in the Research Assessment Exercise 2008 will be aware of the need to enhance their research presence. Whilst the need to publish and secure research funding presents clear goals, presence is a more fuzzy concept and achieving it is therefore a challenge to many. The aim of this fringe is to unpick what we mean by presence and discuss valuable tips for success in enhancing one's personal profile and presence. By attending this event participants will:

- Identify what is meant by presence
- Appreciate nurse researchers who have achieved presence and how
- Identify the different aspects of presence and strategies to achieve them

Begin to develop an action plan to develop personal research presence

Thursday 23 March - 13.05 – 14.05

UK Research and Development Policy

Dr Nicola Armstrong, Programme Manager – Nursing, H&PSS, Belfast, NI; Mrs Theresa Fyffe, Nursing Officer, Scottish Executive Health Department; Mrs Ros Moore, Department of Health, England; Professor Joyce Kenkre, seconded to the office of the Chief Nursing Officer, Welsh Assembly Government

Venue: Gladness 2

Nurses are the largest group of professionals in the NHS. So, what nurses do and how they do it has a huge impact on patient care and clinical and effectiveness. It is essential therefore for governments to ensure that developments in nursing interventions and care, new nursing roles and services, and nurses' contribution interprofessionally are informed by sound research evidence. The governments in the four countries of the UK are significant funders of research related to nurses and nursing (Scottish Executive/NHS Education for Scotland, 2005; Chief Scientist Office, 2003; Department of Health 2000 & 2005; Research & Development Office Department of Health, Social Services and Public Safety 1999 & 2000; Welsh Assembly Government, 2004).

Aims

This fringe event is targeted at all researchers. The nursing leads for research in the four UK government departments of health will:

- Identify the policy drivers impacting on nursing and health related R&D;
- Explain how R&D priorities are set and how government funding for nursing and health related research is allocated;
- Outline the types of funding opportunities available for nursing and health related research; and
- Explain how nurses can get involved successfully in developing the evidence base for practice and policy-making.

Learning outcomes

By the end of the session participants will:

- Recognise the importance of developing research evidence to support governments in strategic decision-making about service delivery and development
- Be able to describe the policy context and policy priorities across the four countries and their impact on R&D in health related research
- Describe the characteristics of proposals that are more likely to attract government funding.

References

Chief Scientist Office (2003) Research Strategy for Health and Healthcare. Edinburgh: The Stationery Office.

Department of Health (2000) Towards a Strategy for Nursing Research and Development. London, DoH

Department of Health (2005) Best research for best health: a new national health research strategy. The NHS contribution to health research in England: a consultation. London, DoH

Research & Development Office Department of Health, Social Services and Public Safety (1999) Research for Health & Wellbeing: A Strategy for Research and Development to lead Northern Ireland into the 21st Century. Stationery Office, Northern Ireland.

Research & Development Office Department of Health, Social Services and Public Safety (2000) Building R&D Capacity within Nursing

Scottish Executive/NHS Education for Scotland (2005) Making choices, facing challenges: developing your research career in nursing, midwifery and the allied health professions

Welsh Assembly Government (2004) Realising the potential. A Strategic Framework for Nursing, Midwifery and Health Visiting in Wales into the 21st Century. Briefing Paper 6 Achieving the potential through research and development.

Research in Child Health (RiCH) - Consent in children and young people: applying ethical standards in practice - Dr Faith Gibson and Dr Alison Twycross

Research and consultations with and about children and young people raise ethical questions. Guidelines on ethics do not give all the answers, and often practitioners are left with a number of questions particularly around consent and what this means. Consent is not just one-off, children and young people must be enabled to be involved at each stage of the research process. In this fringe event we will provide an opportunity for researchers working with children and young people to share their experiences and contribute to the development of practical guidance for researchers in the field.

Consent in children and young people: applying ethical standards in practice

Dr Faith Gibson and Dr Alison Twycross

Venue: Piggott

Research and consultations with and about children and young people raise ethical questions. Guidelines on ethics do not give all the answers, and often practitioners are left with a number of questions particularly around consent and what this means. Consent is not just one-off, children and young people must be enabled to be involved at each stage of the research process. In this fringe event we will provide an opportunity for researchers working with children and young people to share their experiences and contribute to the development of practical guidance for researchers in the field.

Friday 24 March - 13.05 – 14.05

The London Region Research Society (LoRRS) - Nurse Researchers Unite *London Research Society Group* **Venue: Dayjur**	The London Region Research Society (LoRRS) will discuss how it has supported nurse researchers, from novice to expert, over the past year, the current programme of events, and will ask participants to suggest innovative ways of moving forward. A warm welcome awaits you, please bring along your creative thoughts.
Yorkshire & Humber - "Shall we dance" *Mary Cooke and Marilyn Kirshbaum, The Yorkshire & Humber Region Research Society* **Venue: Sharpo**	An unlikely question to ask of researchers, commissioners of research, publishers of research, participants and users, but one that is pertinent. Yorkshire and The Humber Regional RIQ Group invite you to a fringe meeting that is intended to promote sharing of experiences and interests that may lead to future collaborations. We will discuss how, as a non participant observer, the ritual movements around research look like a dance with which some join, and others watch; and ask why success can be an illusion. Sequins, tulle, swinging fringes and black tie suits are not obligatory, your experiences of research are!
RCN Information in Nursing Group (IN) *Professor Dame June Clarke, Chair, RCN Information in Nursing Forum (IN); Ms Anne Casey, Editor, Paediatric Nursing, RCN Adviser on Informatics* **Venue: Gladness 1**	The governments of all four countries of the UK are currently making a huge investment in the introduction of IM&T into the NHS, and in particular the development of electronic patient records. The challenge for nursing is to ensure that nursing is prepared for, and can utilise these developments to improve both nursing and patient care. This fringe will enable participants to consider the relationship between nursing informatics and nursing research. Nursing informatics is concerned with the generation, communication, management, and use of information to support all aspects of nursing – a mission very similar to that of nursing research. Information is at the heart of all nursing practice and all nursing research. In particular, informatics techniques can be used to improve data quality and offer new ways of analysing nursing data to reveal knowledge that is not available from traditional research methods. For example, the development of electronic patient records creates databases which can be mined to reveal, among other things, the epidemiology of nursing, and the identification of nursing outcomes The fringe will facilitate discussion of current work on standards for the content of nursing records, and an example of the use of analysis of nursing records to identify and measure the outcomes of health visiting practice.
Advancing European Nursing Research *Professor Lorraine Smith, Professor of Nursing, University of Glasgow and RCN WENR (Workgroup of European Nurse Researchers) Representative & Mr Dave O'Carroll, Information Manager, RCN R&D Co-ordinating Centre* **Venue: Gladness 2**	This fringe event is aimed at nurses working in clinical research and academic settings. We will focus on sharing experiences in understanding how to apply for European research funding. We will explore several kinds of applications with a view to understanding what are the components of a successful research application and what contributes to partnership building. Anyone with EU research funding experience is welcome, whether successful or unsuccessful as well as those who are considering submitting a future EU research application.
Cochrane Library *Dr Andrea Nelson, Reader, University of Leeds* **Venue: Dettori**	Cochrane' (The Cochrane Collaboration) is an international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. Nurses make an important contribute to the Cochrane Collaboration by, for example, authoring reviews, as editors, being part of the Fields, or representing the consumer (of information) viewpoint in deciding which reviews are done, what questions they focus on, and how the results are presented as part of the Cochrane Consumer Network. If you would like to find out more about the Cochrane Collaboration, come and meet editors and staff from the Editorial office of some local Review Group. We will give a brief update on new developments within Cochrane, and discuss how nurses can get involved in using and contributing to Cochrane. The Cochrane Collaboration is a notforprofit organisation, established as a company, limited by guarantee, and registered as a charity in the UK (number 1045921).

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- develop the science and art of nursing and its professional practice;
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Programme

Tuesday 21 March 2006

09.00 – 10.30 **Registration, refreshments, exhibition and poster viewing**

10.30 **Welcome to York**
Dr Andrea Nelson, Chair, Local Organising Committee

10.40 **Chair's opening remarks**
Professor Kate Gerrish, Chair, RCN Research Society

10.50 **Presentation of Marjorie Simpson New Researchers' Award in association with Journal of Advanced Nursing**
Alison J. Tierney BSc PhD RN FRCN CBE, Editor-in-Chief of Journal of Advanced Nursing, UK

11.00 **Keynote presentation: Identifying and prioritising patients' and clinicians' questions about the effects of treatments**
Sir Iain Chalmers, Editor, James Lind Library, The James Lind Initiative, Oxford, UK

11.45 **The UK Higher Education Research Assessment Exercise: An update**
Professor Hugh McKenna FRCN, Chair of the Nursing Sub-panel RAE 2008

12.00 **Refreshments, exhibition, poster viewing and fringe events**

13.30 - 15.00 Concurrent session 1

	1.1 Room: Dettori Chair: Tony Long	1.2 Room: Piggott Chair: Barbara Jack	1.3 Room: Francome Chair: Ann McMahon	1.4 Room: Fallon Chair: Alison Twycross	1.5 Room: Eddery Chair: Mary Renfrew	1.6 Room: Fortune Chair: Mary Cooke
13.30	**1.1.1** **Project jump a sexual health drama for young people: A methodological discussion of vulnerable young people's involvement in the research process** *Debra Salmon, Reader in Community Health, School of Maternal and Child Health, University of the West of England, Bristol, UK* *Co author: Judy Orme*	**1.2.1** **Making a difference? The combined effectiveness of nurses' and doctors' communication with patients in multidisciplinary care** *Sarah Collins, Lecturer in Health Care Communication, Health Sciences, University of York, York, UK* *Co authors: Ian Watt; Paul Drew, Nicky Cullum, John Local*	**1.3.1** **A to B via PPI: The non-linear path to study design with public and patient involvement** *Tracey Williamson, Research Fellow, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, UK* *Co author: Alison Rawle*	**1.4.1** **Growing through overcoming strangeness and communication barriers: The lived experience of becoming a foreign nurse** *Hildur Magnusdottir, Project Manager, Office of Education, Research and Development, Landspitali University Hospital, Reykjavik, Iceland*	**1.5.1** **Women's experiences and expectations of antenatal screening services in Northern Ireland** *Jenny McNeill, Researcher, School of Nursing and Midwifery, Queen's University of Belfast, Belfast, UK* *Co authors: Fiona A. Alderdice; Rachel Rowe; James Dornan; Denis Martin*	**1.6.1** **Reading mixed methods research in health care practice** *Dawn Freshwater, Chair in Applied Research, IHCS, Bournemouth University, Bournemouth, UK*
14.00	**1.1.2** **From tokenism to inclusive methodologies in research with children** *Joan Livesley, Senior Lecturer, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, UK*	**1.2.2** **Nurses can treat strains and sprains but for heart and lungs you need to see the doctor** *Sarah Redsell, Principal Research Fellow, School of Nursing, Nottingham University, Nottingham, UK* *Co authors: Clare Jackson, Adrian Hastings, Richard Baker, Tim Stokes*	**1.3.2** **Involving patients and members of the public in research: The triumphs and challenges** *Maggie Lawrence, PhD Research Student, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, UK*	**1.4.2** **Working together: Findings from the clinical teams project** *Anne Benson, Co-Director Clinical Leadership Team, Clinical Leadership Programme, Royal College of Nursing Institute, London, UK*	**1.5.2** **A feminist exploration of traveller women's experiences of maternity care in the Republic of Ireland** *Bernadette Reid, Lercturer in Midwifery, School of Nursing and Midwifery, University of Dundee, Dundee, UK*	**1.6.2** **The application of simultaneous mixed-methods research and its value and challenges in nursing** *Hui-Man Huang, Associate Professor in Nursing, Nursing, Tajen University, PingTung, Taiwan* *Co authors: Brendan McCormack; W George Kernohan*
14.30	**1.1.3** **"Look, that's me!" An analysis of photography as a method of exploring children's lived experiences of chronic illness** *Helen Close, Research Associate, Centre for Clinical Management Development, University of Durham, Stockton on Tees, UK*	**1.2.3** **Abstract withdrawn**	**1.3.3** **Involving carers in research: Lessons from the field** *Julie Repper, Reader in Mental Health Nursing, School of Nursing and Midwifery, University of Sheffield, Sheffield, UK* *Co authors: Monica Curran; Peter Goward*	**1.4.3** **Making claims on nursing work: Exploring the work of health care assistants and the implications for registered nurses' roles** *Karen Spilsbury, Research Fellow, Health Sciences (Research), University of York, York, UK*	**1.5.3** **Midwives experiences and perceptions of women's use of the Internet to influence decision-making in pregnancy** *Briege Lagan, Clinical Midwife Specialist, PhD Student (Full Time), School of Nursing. Faculty of Life & Health science, University of Ulster, Coleraine, UK* *Co authors: Marlene Sinclair; George Kernohan*	**1.6.3** **Using mixed methods to develop district nursing practice in caring for older people in care home settings** *Catherine Evans, Department of Health Research Fellow in Primary Care, Primary Care Nursing Research Unit, King's College London, London, UK* *Co authors: Claire Goodman, Sally Redfern*

15.00 **Refreshments, exhibition and poster viewing**

Tuesday 21 March

1.7 Room: Gladness 1 Chair: Susan Read	1.8 Room: Sharpo Chair: Steve Campbell	1.9 Room: Dayjur Chair: Jacky Griffith	1.10 Room: Carson Chair: Carol Haigh	1.11 Room: Gladness 2 Chair: Claire Hale	1.12 Room: Main Hall Chair: Andrea Nelson
1.7.1 **Do computers support nurse decision making? A systematic review** *Natasha Mitchell, Research Assistant, Health Sciences, University of York, Heslington, UK* *Co authors: Rebecca Randell; Dawn Dowding; Carl Thompson; Nicky Cullum*	**1.8.1** **'Getting on with life' – an interview-based study of members of a self-help group** *Christine Richards, Research Development and Support Group Co-ordinator, Cambridgeshire Support Team Research and Development, CamSTRAD, Cambridge, UK*	**1.9.1** **Search strategies to locate qualitative research examining patients' experiences of leg ulceration** *Kate Flemming, Research Fellow, Health Sciences, University of York, York, UK* *Co author: Michelle Briggs*	**1.10.1** **Nurses' opportunistic interventions with patients on smoking: The findings of a qualitative study** *Rosemary Whyte, Research Fellow, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, UK*	**1.11.1** **A model for collaboration between researchers and patients** *Sarah Hewlett, Reader in Clinical Nursing, School of Nursing, University of the West of England, Bristol, UK* *Co authors: John Kirwan; Pam Richards*	**1.12.1** **Evidence for practice: Infant immunisation** *Linda Diggle, Principal Research Nurse/Manager, Oxford Vaccine Group, University of Oxford, Oxford, UK* *Co authors: Jon Deeks; Andrew Pollard*
1.7.2 **Protocol-based care: Autonomy or straitjacket?** *Irene Ilott, Research Associate, Institute of Work Psychology, University of Sheffield, Sheffield, UK* *Co authors: Anne Lacey; Chris Turgoose; Malcolm Patterson; Jo Rick*	**1.8.2** **Experiencing chronic kidney disease: Challenging the silence, a study using grounded theory** *Jane Bridger, Doctoral Student, Faculty of Health and Social Care, University of the West of England, Bristol, UK*	**1.9.2** **A critical analysis of vignettes in health related research illuminated by recent experience** *Michael Macintosh, Nursing Lecturer, Acute and Critical Care, University of Sheffield, Sheffield, UK*	**1.10.2** **Do nurse have a role to play in smoking cessation?** *Julie Wilson, Clinical Nurse Specialist, Out Patients' Department, Belfast City Hospital Trust, Belfast, UK* *Co authors: Donna Fitzsimons; Stuart Elborn*	**1.11.2** **Evaluating the implementation of evidence into practice: Methodological challenges** *Jo Rycroft-Malone, Senior Research Fellow, RCN Institute, Royal College of Nursing, Oxford, UK* *Co authors: Kate Seers, Ian Bullock*	**1.12.2** **Plenary - See Thursday 23 March 09.10**
1.7.3 **Abstract withdrawn**	**1.8.3** **Living with leg ulceration: A meta-synthesis of qualitative research** *Michelle Briggs, Senior Research Fellow, School of Healthcare, University of Leeds, Leeds, UK* *Co authors: Kate Flemming; S José Closs*	**1.9.3** **Ponderers, wanderers, lingerers and malingerers: a review of typologies in nursing literature** *Colin Macduff, Research Fellow, CeNPRaD, School of Nursing, The Robert Gordon University, Aberdeen, UK*	**1.10.3** **The experience of women with COPD of repeatedly relapsing to smoking** *Rosa Jonsdottir, Project Leader, Smoking Cessation Clinic, Landspitali University Hospital, Reykjavik, Iceland* *Co author: Helga Jonsdottir*	**1.11.3** **Great un-expectations: Working with older people as co-researchers** *Tracey Williamson, Senior Lecturer, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, UK* *Co author: Julia Ryan*	**1.12.3** **Localising scientific evidence in nursing home care** *Ana Barderas Manchado, Research Documentalist in the National Research Network for Elderly Care (RIMARED). Center for Coordination and Development of Nursing Research, Instituto de Salud Carlos III, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investén-isciii), Instituto de Salud Carlos III, Madrid, Spain* *Co authors: Jose Manuel Estrada-Lorenzo; Blanca Egea-Zerolo and Gema Escobar-Aguilar*

15.30 - 17.30 Concurrent session 2

	2.1 Room: Dettori Chair: Mary Renfrew	2.2 Room: Carson Chair: Leslie Gelling	2.3 Room: Piggott Chair: Barbara Jack	2.4 Room: Francome Chair: Caroline Gunnell	2.5 Room: Eddery Chair: Jacky Griffith	2.6 Room: Fortune Chair: Dot Chatfield
15.30	**2.1.1** **Intrauterine growth restriction: Does it impact on quality of life in adulthood?** *Dale Spence, Lecturer, School of Nursing and Midwifery, Queen's University of Belfast, Belfast, UK* *Co authors: Fiona Alderdice; Moira Stewart; Henry Halliday*	**2.2.1** **Issues in analysing qualitative data** *Josephine Tetley, Lecturer, School of Nursing and Midwifery, University of Sheffield, Sheffield, UK*	**2.3.1** **How competent are new nurses and do we need more time? Opportunities or challenges for preceptors** *Tim Clark, Senior Lecturer, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, UK*	**2.4.1** **Collaborative research between nurses and doctors - a pie in the sky?** *Theresa Mitchell, Principal Lecturer/Research Consultant, Faculty of Health and Social Care, University of the West of England, Bristol, UK*	**2.5.1** **Abstract withdrawn**	**2.6.1** **The provision of critical care outreach services in England: Findings from a national survey** *Ann McDonnell, Lecturer, School of Nursing and Midwifery, University of Sheffield, Sheffield, UK* *Co authors: Lisa Esmonde; Richard Morgan; Roy Brown; Kate Bray; Gareth Parry; Sheila Adam; Ray Sinclair; Sheila Harvey*
16.00	**2.1.2** **The prevalence of enduring postnatal perineal morbidity and its relationship to type of birth and birth risk factors: A retrospective community cross-sectional survey** *Amanda Williams, Midwife, Obstetrics and Gynaecology, Heart of England NHS Foundation Trust, Birmingham, UK* *Co authors: Sandy Herron-Marx; Rebecca Knibb*	**2.2.2** **Use and potential role of qualitative data in evaluations of palliative care interventions** *Kate Flemming, Research Fellow, Health Sciences, University of York, York, UK*	**2.3.2** **The importance of high quality supervision for NHS practitioners** *Patricia Jarrett, Research Fellow, Health in the Community, University of Warwick, Coventry, UK* *Co author: Jane Barlow*	**2.4.2** **Interagency research collaboration: The process and the challenges** *Mary Lewis, Senior Nurse and Research Associate, Centre for Child and Adolescent Health, University of the West of England, Bristol, UK* *Co authors: Nicola Eaton; Antonia Beringer*	**2.5.2** **Exploring the lived experience of witnessed resuscitation: The use of van Manen's methodological structure to phenomenological research** *Wendy Walker, Senior Research Fellow/Senior Lecturer in Nursing, Faculty of Health and Sciences, Staffordshire University, Stafford, UK*	**2.6.2** **Trial promotion within the unique environment of the emergency department** *Yvonne Meades, Yorkshire Regional Research Coordinator, Accident & Emergency, Leeds Teaching Hospitals NHS Trust, Leeds, UK*
16.30	**2.1.3** **Real voices. The search for silent witnesses: Women's experiences of red cell antibodies in pregnancy** *Donna Kirwan, Regional Coordinator Antenatal Screening Programmes, Department of Public Health, Central Liverpool Primary Care Trust, Liverpool, UK*	**2.2.3** **Issues and dilemmas in using participant observation in an acute hospital setting** *Lesley Baillie, Principal Lecturer, Faculty of Health and Social Care, London South Bank University, London, UK*	**2.3.3** **Clinical leadership and congruent leadership** *David Stanley, Associate Professor, Clinical and International Nursing, Edith Cowan University, Australia*	**2.4.3** **Enhancing the visibility of nursing and midwifery research at European policy and funding levels** *Teresa Moreno Casbas, Nursing Officer with lead responsibility for Research and Development for nursing research, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investén-isciii), Instituto de Salud Carlos III, Madrid, Spain* *Co authors: For the ERACRE-Network Project; Theresa Fyffe; Sarah Condell; Paul Poortvliet; John Wilkinson; Abi Masterson; Cristina Jones-Mallada; Jennifer Waterton; Blanca Egea-Zerolo*	**2.5.3** **Living with a spinal cord injury: A grounded theory approach** *Chen Hsiao-Yu, Associate Professor of Nursing, Central Taiwan University of Science and Technology, Taichung, Taiwan* *Co author: Jennifer Boore*	**2.6.3** **Living donor kidney transplantation: A comparison of services in three counties** *Dawn Oliver, Transplant Specialist Nurse, Renal & Diabetes Unit, Medical Division, Glan Clwyd NHS Trust, Denbighshire, UK* *Co author: Bridie Kent*
17.00	**2.1.4** **From institution to interdependence: Exploring the organisational implications of caseload midwifery** *Trudy Stevens, Senior Lecturer in Midwifery, Institute of Health and Social Care, Anglia Polytechnic University, Chelmsford, UK*	**2.2.4** **'Active' non-participant observation: The uncertain grappler vs. the empty vessel** *Sue Lee, Director of Studies for Pre-registration Nursing, School of Nursing and Midwifery, St Martin's College, Lancaster, UK*	**2.3.4** **Moved to 7.9.2**	**2.4.4** **The Berlitz guide to working in a multidisciplinary European research team: Challenges and rewards** *Jayne Brown, Lecturer in Nursing, Acute and Critical Care, University of Sheffield, Sheffield, UK* *Co author: Josephine Tetley*	**2.5.4** **Living with a genetic cardiac condition: A phenomenological study** *Susan Royse, Staff Nurse & Research/Teaching Assistant, School of Health Sciences, The University of Birmingham, Birmingham, UK*	**2.6.4** **The effectiveness of critical care outreach services: A systematic review** *Ann McDonnell, Lecturer, School of Nursing and Midwifery, University of Sheffield, Sheffield, UK* *Co authors: Lisa Esmonde; Carol Ball; Catherine Waskett; Richard Morgan; Arash Rashidian; Kate Bray; Sheila Adam; Sheila Harvey*

17.30 **Celebration of the life and contribution of Justus Akinsanya, followed by the launch of the annual Akinsanya award**
Chair: Dr Annie Topping

18.15 **Welcome reception**
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Tuesday 21 March

2.7 Room: Fallon Chair: Karen Spilsbury	2.8 Room: Gladness 1 Chair: Tony Long	2.9 Room: Sharpo Chair: Angela Grainger	2.10 Room: Dayjur Chair: Susan Read	2.11 Room: Galdness 2 Chair: Andrea Nelson
2.7.1 **Power and politics in post-operative cardiothoracic pain management: A foucauldian analysis of clinical nursing practice** *Sue Lee, Director of Studies for Pre-Registration Nursing, School of Nursing and Midwifery, St Martin's College, Lancaster, UK*	**2.8.1** **A research and development network for nurses, midwives and health visitors in Wales: A scoping study** *Ros Carnwell, Professor of Nursing Research, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, UK* *Co authors: Joy Merrell, Joyce Kenkre, Jackie Fitzgerald*	**2.9.1** **Learning to a be a 'real nurse'** *Karen Ousey, Principal lecturer, Nursing, University of Huddersfield, Huddersfield, UK*	**2.10.1** **A national evaluation of extended and supplementary nurse prescribing** *Molly Courtenay, Reader Medicines Management and Nurse Prescribing, School of Health and Social Care, University of Reading, Reading, UK* *Co author: Nicola Carey*	**2.11.1** **Undertaking research with women prisoners on sensitive subjects** *Vari Drennan, Director of the Primary Care Nursing Research Unit, Dept. of Primary Care & Pop. Sciences, Royal Free and UCL Medical School, University College London, London, UK* *Co authors: Lena Pettersson; Mandy Wells, Claire Goodman, Christine Norton; Sharon See Tai*
2.7.2 **An exploration of the nurse-led mobile coronary care service in Northern Ireland** *Mark Gillespie and Brian McFetridge, University of Ulster, Newtownabbey, UK* *Co authors: Feilim O'Adhmaill; Sinead Keeney; Carol Curran, Hugh McKenna and Robby Richey*	**2.8.2** **The developing public health role of health visitors: A question of legitimacy** *Alison Davidson, Director of Inter-Professional Education, School of Medical Education Development, University of Newcastle, Newcastle Upon Tyne, UK*	**2.9.2** **The impact of socialisation on student nurses ability to care: A longitudinal qualitative descriptive study** *Carolyn Mackintosh, Senior Lecturer, Division of Nursing, University of Bradford, Bradford, UK*	**2.10.2** **The supply and prescription of medicines by nurses: Empowering or restricting practice** *Helen Green, Senior Quality Assurance Co-ordinator, QA Team, Skills for Health, Solihull, UK*	**2.11.2** **Primary care nursing in prisons: An overview of policy and research** *Louise Condon, Senior Research Nurse, Faculty of Health and Social Care, University of the West of England, Bristol, UK* *Co authors: Gill Hek; Francesca Harris*
2.7.3 **Abstract withdrawn**	**2.8.3** **Empowerment in public health nursing in Ireland: Findings of a national study** *Catriona Murphy, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin 9, Ireland* *Co authors: P Anne Scott; Anne Matthews*	**2.9.3** **Moral and spiritual attitudes in student nurses: A two decade replication study** *Carol Haigh, Senior Lecturer in Research, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, UK* *Co authors: Martin Johnson; Natalie Yates-Bolton*	**2.10.3** **A national evaluation of extended and supplementary nurse prescribing in dermatology** *Molly Courtenay, Reader Medicines Management and Nurse Presacribing, School of Health and Social Care, University of Reading, Reading, UK* *Co author: Nicola Carey*	**2.11.3** **Access, security and recruitment: The ethical and governance challenges of undertaking interviews with prisoners** *Gill Hek, Reader in Nursing Research, Faculty of Health and Social Care, University of the West of England, Bristol, UK* *Co authors: Louise Condon; Francesca Harris*
2.7.4 **ICU follow up support: The needs of ward nurses and junior doctors** *Una St Ledger, Sister, Theatres/ Anaesthetics, Belfast City Hospital, Belfast, UK* *Co-author Bronagh Blackwood*	**2.8.4** **The extent and nature of school nursing provision in Wales** *Joy Merrell, Professor of Nursing, University of Wales Swansea, School of Health Science, Swansea, UK* *Co authors: Ros Carnwell; Melanie Jones*	**2.9.4** **Attitudes towards professional doctorates for nurses: Findings from a national survey** *Lorraine Ellis, Senior Lecturer/Head of Department, Acute and Critical Care, University of Sheffield, Sheffield, UK*	**2.10.4** **Current developments in non-medical prescribing: What are the implications for primary care?** *Dorothy McCaughan, Research Fellow, Health Sciences, University of York, York, UK* *Co author: Michele Cossey*	**2.11.4** **Researching health care in prisons: Methodological conflicts and dilemmas** *Liz Walsh, Researcher in Prison Health Care, IHCS, Bournemouth University, Bournemouth, UK* *Co author: Dawn Freshwater*

Wednesday 22 March 2006

08.30 **Registration**

09.00 **Chair's opening remarks**
Professor Hugh McKenna FRCN, Chair of the Scientific Committee and Dean of the Faculty of Life and Health Sciences, University of Ulster, Northern Ireland, UK

09.10 **Keynote 2: Challenges for future nursing research providing evidence for health care practise**
Professor Ingalill Rahm Hallberg, Deputy Dean the Medical Faculty, Department of Health Sciences, Lund University, Sweden

09.55 **Close**

10.00 - 11.00 Concurrent session 3

	3.1 Room: Dettori Chair: Caroline Gunnell	3.2 Room: Piggott Chair: Tony Long	3.3 Room: Francome Chair: Martyn Jones	3.4 Room: Carson Chair: Tracey Williamson	3.5 Room: Fallon Chair: Mary Cooke	3.6 Room: Main Hall Chair: Angela Grainger
10.00	**3.1.1** **Cheers! Humour in the nurse-patient relationship in hospital settings: A literature review** *Helen Iggulden, Lecturer in Nursing, Nursing, University of Salford, Manchester, UK*	**3.2.1** **Mental health of children with cerebral palsy in Europe** *Jackie Parkes, Senior Lecturer in Children's Nursing, School of Nursing and Midwifery, Queen's University of Belfast, Belfast, UK* *Co authors: Melanie White-Koning; On behalf of the SPARCLE Collaborative Group*	**3.3.1** **Self-care in patients with heart failure – validation of the European heart failure self-care behaviour scale** *Caroline Shuldham, Director of Nursing & Quality, Nursing & Quailty, Royal Brompton & Harefield NHS Trust, London, UK* *Co authors: Chris Theaker, Jodie Kellock, Hayley Pryse-Hawkins, Martin Cowie*	**3.4.1** **Using audiovisual documentation during the consent process with people with dementia** *Rhonda Knight, Senior Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, UK*	**3.5.1** **Myth, memory and the Great War nurse: A study of First World War nursing** *Christine Hallett, Senior Lecturer, School of Nursing Midwifery and Health Visiting, The University of Manchester, Manchester, UK*	**3.6.1** **Using a synthesised technique for grounded theory in nursing research** *Chen Hsiao-Yu, Associate Professor, Central Taiwan University of Science and Technology, Taichung, Taiwan* *Co author: Jennifer Boore*
10.30	**3.1.2** **Exploring use of humour in the context of nursing interactions between clinical nurse specialists and patients** *May McCreaddie, Senior Lecturer (Research), School of Nursing, University of Paisley, Paisley, UK*	**3.2.2** **Participation and quality of life among children with cerebral palsy in Northern Ireland** *Susanna Madden, Lecturer, Learning Disability, School of Nursing and Midwifery, Queen's University of Belfast, Belfast, UK* *Co authors: Jackie Parkes; On behalf of the SPARCLE Collaborative Group*	**3.3.2** **Validation of the Minnesota living with heart failure questionnaire in a group of older persons with chronic heart failure** *Kristofer Franzén, Lecturer, Dept. of Health and Behavioural Sciences, Kalmar University, Kalmar, Sweden* *Co authors: Kerstin Blomqvist; Britt-Inger Saveman*	**3.4.2** **Understandings of end of life in dementia - a documentary analysis** *Annie Topping, Head of Nursing, Division of Nursing, University of Bradford, Bradford, UK* *Co author: Kathryn Froggatt*	**3.5.2** **The 'good nurse' legacy: Understanding the present through exploring the past** *Janet Hargreaves, Director of Practice, School of Healthcare, University of Leeds, Leeds, UK*	**3.6.2** **Abstract withdrawn**

11.00 **Refreshments, exhibition and poster viewing**

11.30 - 13.00 Symposia and workshops

Symposium 1: Room: Eddery	Symposium 2: Room: Fallon	Symposium 3: Room: Fortune	Symposium 4: Room: Francome	Symposium 5: Room: Piggott	Symposium 6: Room: Gladness 2
Agency and structure in equal opportunities for overseas nurses: Findings from the REOH study *Chair of symposium: Beverley Hunt* *Symposium Leader: Professor Pam Smith* *Helen Allan, Senior Research Fellow, Centre for Research in Nursing and Midwifery Education, University of Surrey, CRNME, University of Surrey, Guildford, UK* *Dr Aggergaard John Larsen, Dr Leroi Henry, Pam Smith and Maureen MacIntosh*	**Developing research in rheumatology nursing: Some examples from the field** *Claire Hale, Professor of Clinical Nursing, School of Healthcare Studies, University of Leeds, Leeds, UK* *Co presenters: Naomi Reay. School of Healthcare Doctoral Student, University of Leeds* *Cath Thwaites, Lecturer in Rheumatology Nursing, University of Keele* *Dr Sarah Hewlett arc Reader in Clinical Nursing, University of the West of England, Bristol.* *Dr Jackie Hill, arc Senior Lecturer in Rheumatolgy Nursing. Co director of the Academic and Clinical Unit for Musculoskeletal Nursing University of Leeds* *Jill Firth, Smith and Nephew Foundation Doctoral Student at the University of Leeds.*	**Continence and skin health: New methods and new thinking** *Kathryn Getliffe, Professor of Nursing, School of Nursing and Midwifery, University of Southampton, London, UK* *Co presenters: Dr. Mandy Fader, Reader, University of Southampton; Dr. David Voegeli, Senior Lecturer, University of Southampton, Sinead Clarke-O'Neill PhD student, University College London; Kelly Hislop, PhD student University of Southampton*	**Rethinking practice development: An action research approach** *Debbie Tolson, Associate Dean Research & Knowledge Transfer, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, UK* *Co presenters: Dr Joanne Booth, Andy Lowndes, Irene Schofield*	**The care dependency scale – towards a European assessment instrument for measuring care dependency** *Ate Dijkstra, Head Staff Department & Senior Researcher, Stafbureau Ouderenzorg, Zorggroep Noorderbreedte, Leeuwarden, The Netherlands* *Co presenters: Christa Lohrmann, Germany, Margaret White, UK*	**Utilisation of Merleau-Ponty's philosophy as a methodological framework for undertaking phenomenological research in nursing - opportunities, challenges and implications** *Robert Brown, Lecturer and Practitioner Researcher in Practice Development and Nursing, Faculty of Life and Health Sciences, University of Ulster, Belfast, UK* *Co presenters: Jan Dewing, Dr Angie Titchen* *Chair: Dr Angie Titchen, (Senior Research and Practice Development Fellow, RCN Institute, London and Clinical Chair, Fontys University, The Netherlands)*

13.00 **Refreshments, fringe events, exhibition and poster viewing**

Wednesday 22 March

3.7 Room: Fortune Chair: Alson Twycross	3.8 Room: Gladness 1 Chair: Dot Chatfield	3.9 Room: Sharpo Chair: Lorraine Smith	3.10 Room: Dayjur Chair: Steve Campbell	3.11 Room: Gladness 2 Chair: Martin Johnson
3.7.1 **A three month trajectory of post-operative outcomes following robotic-assisted cardiac surgery: A descriptive study** *Susan Cartledge, Registered Nurse, School of Nursing, Deakin University, Burwood, Australia* *Co authors: Mari Botti; Rosemary Watts; Melynda Turner*	**3.8.1** **A randomised controlled trial of aromatherapy massage in critically ill patients** *Nicola Olleveant, Teaching Fellow, Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK*	**3.9.1** **Evaluation of a pilot work-based learning programme for trainee consultant nurses in emergency care** *Judith Lathlean, Director of Research and Professor of Health Research, School of Nursing and Midwifery, University of Southampton, Southampton, UK* *Co authors: Jo Horwood; Heidi Surridge*	**3.10.1** **An exploratory study to compare the utility of carer interviews against an audit in the evaluation of an end-of-life care pathway** *Tina Quinn, Clinical Nurse Specialist, Department of Palliative Medicine, University of Bristol, UK*	**3.11.1** **An illuminative evaluation of ethical teaching in the care of the dying patient and family certificate of personal professional development module** *Gaye Kyle, Senior Lecturer, Faculty of Health & Human Science, Thames Valley University, Slough, UK*
3.7.2 **The internet as a source of motivation to breastfeed** *Janine Stockdale, Research Fellow, Faculty of Life and Health Sciences, University of Ulster, Belfast, UK* *Co authors: Marlene Sinclair; George Kernohan*	**3.8.2** **The experiences of nurses when caring for the relatives of critically ill patients** *Jayne Hardicre, Lecturer in Nursing, School of Nursing, University of Salford, Salford, UK*	**3.9.2** **Evaluating the impact of the matron role using a 360 degree evaluation approach** *Hilary Lloyd, Principal Lecturer in Nursing Practice Development and Research, Department of Research and Development, City Hospitals Sunderland NHS Foundation Trust, Sunderland, UK* *Co authors: Helen Hancock; Pat Bignell*	**3.10.2** **Genetics in palliative care: The challenge of designing a suitable research study** *A. Lillie, Research and Teaching Assistant, School of Health Sciences, The University of Birmingham, Birmingham, UK*	**3.11.2** **Community nursing care at the end-of-life: An investigation of nursing practice** *Mary Lewis, Senior Nurse and Research Associate, Centre for Child and Adolescent Health, University of the West of England, Bristol, UK* *Co authors: Fiona Finlay; Catherine Tuffrey*

Wednesday 22 March

Symposium 7: Room: Gladness 1	Symposium 8: Room: Main Hall	Workshop 1: Room: Sharpo	Workshop 2: Room: Carson	Workshop 3 Room: Dettori	Workshop 4 Room: Dayjur
Computer-based health promotion and patient information: Five randomised trials *Ray Jones, Professor of Health Informatics, IHS, UoP, Institute of Health Studies, Plymouth, UK* *Co presenter: Jenny Marsden*	**Making a difference? New clinical leadership roles for nurses** *Chair: Cherill Scott, Senior Research Fellow, RCN Institute, London, UK* *Authors: Prof Sally Redfern, King's College, London, Nursing Research Unit* *Michael Ashman & Prof Susan Read, School of Nursing & Midwifery, University of Sheffield* *Vari Drennan, Claire Goodman & Stephen Leyshon, University College, London (Primary Care Nursing Research Unit)*	**An introduction to economic evaluation and its potential contribution to nursing research** *Cynthia Iglesias, Health Sciences, University of York, York, UK* *Co presenter: Nicky Cullum, Professor*	**Using Q Methodology in nursing research workshop** *Dr Carl Thompson, Department of Health Sciences, University of York, UK.*	**Motivational interviewing - novel applications in nursing practice** *David Brodie, Research Centre for Health Studies, BCUC, Chalfont St Giles, UK* *Co presenters: David Shaw, Principal Lecturer in Health Psychology; Peter Sandy, Senior Lecturer*	**The principles and practices of active public involvement in research** *Roger Steel, Support Unit, INVOLVE, Eastleigh, UK*

14.15 - 15.45 Concurrent session 4

	4.1 Room: Dettori Chair: Loretta Bellman	4.2 Room: Piggott Chair: Karen Spilsbury	4.3 Room: Francome Chair: Caroline Gunnell	4.4 Room: Fallon Chair: Andrea Nelson	4.5 Room: Eddery Chair: Lorraine Smith	4.6 Room: Fortune Chair: Tracey Williamson
14.15	**4.1.1** **Participatory research with children and young people - a framework for practice** *Tina Moules, Head of Department, Advanced Practice & Research, Institute of Health and Social Care, APU, Chelmsford, UK*	**4.2.1** **The development of roles and relationships between community nurses and older people: An ethnographic study** *Julie McGarry, Lecturer, School of Nursing, Nottingham University, Derby, UK*	**4.3.1** **The re stratification of nursing in Britain** *Carol Wilkinson, Principal Lecturer Health Studies, School of Health and Social Care, University of Lincoln, Lincoln, UK*	**4.4.1** **Improving Participation in Randomised Controlled Trials** *Julie Young, Research Nurse, Primary Care Sciences Research Centre, Keele University, Keele, Staffordshire, UK* *Co authors: Ricky Mullis; Kanchan Vohora*	**4.5.1** **An investigation of family carers' needs following stroke survivors' discharge from hospital** *Lin Perry, Senior Research Fellow, Cardiovascular Disease and Stroke, Health Care Research Unit, City University, London, UK* *Co authors: Ann Mackenzie; Liz Lockhart*	**4.6.1** **The impact of percutaneous endoscopic gastrostomy feeding in children** *Ailsa Brotherton, Senior Research fellow, Department of Nursing, University of Central Lancashire, Preston, UK* *Co authors: Janice Abbott; Peter Aggett*
14.45	**4.1.2** **Undertaking survey research with young people: maximising response rates** *Annette Jinks, Professor of Clinical Nursing Research, Faculty of Health & Social Care, Liverpool John Moores University, Merseyside, UK* *Co author: Sue Linnell*	**4.2.2** **An evaluation of a newsletter for carers of people with dementia who attend a day hospital** *Patricia Higgins, Memory Service Nurse, Oxleas NHS Trust, Bridge Ways Day Hospital, Bromley, London, UK*	**4.3.2** **The psychological effects of organizational restructuring on nurses** *Hilary Brown, Counsellor in the Student Counselling Service, Bournemouth University, Student Counselling Service, Bournemouth University, Poole, UK*	**4.4.2** **Measuring the effects of a multi-faceted research recruitment strategy - what works best?** *Peter Jones, Lecturer in Nursing, School of Nursing & Midwifery Studies, University of Wales Bangor, Bangor, UK* *Co author: Llinos Spencer*	**4.5.2** **User involvement in a stroke unit: A qualitative investigation of users views on their care and services** *Ahlam Wynne, Stroke Specialist Nurse, West Middlesex Hospital, Hounslow, UK*	**4.6.2** **Abstract withdrawn**
15.15	**4.1.3** **Exploring the challenges and responsibilities of mutual engagement within participatory action research** *Kevin Corbett, Lecturer in Adult Nursing, Health Sciences, University of York, York, UK* *Co authors: Gertrude Othieno; Rhetta Moran*	**4.2.3** **Meeting the challenges of acute pain management in older people: A systematic literature review** *Morag Prowse, Head of School, Faculty of Health and Social Work, University of Plymouth (UK), Plymouth, UK*	**4.3.3** **Follow up of an action research project to design, implement and evaluate a professional development programme for D grade nurses at NWLH NHS Trust** *Alison Wilson, Professional Development Nurse, UK* *Co author: Debbie Clare*	**4.4.3** **Mixing methods: Horses for courses or paradigmatic perjury?** *Dorothy McCaughan, Research Fellow, Health Sciences, University of York, York, UK*	**4.5.3** **"Not qualified to comment!" Accessing meaningful patient evaluations of a Transient Ischaemic Attack (TIA) clinic** *Paula Beech, Health Services Researcher, Learning And Research, Salford PCT, Salford, UK* *Co authors: Joanne Greenhalgh; Maria Thornton; Pippa Tyrrell*	**4.6.3** **Researching toddler obesity in Hong Kong: A preliminary study** *Christine Chan, Lecturer, School of Early Childhood Education, The Hong Kong Institute of Education, Hong Kong, China*

15.45 **Refreshments, exhibition and poster viewing**

Wednesday 22 March

4.7 Room: Gladness 1 Chair: Steve Campbell	4.8 Room: Main Hall Chair: Dave Richards	4.9 Room: Carson Chair: Sharon Hamilton	4.10 Room: Sharpo Chair: Jacky Griffith	4.11 Room: Dayjur Chair: Janet Ball	4.12 Room: Gladness 2 Chair: Annie Topping
4.7.1 **Will technology make a difference? Challenges of evaluating and understanding IT use in the NHS** *Rebecca Randell, Research Fellow, Health Sciences, University of York, York, UK* *Co authors: Natasha Mitchell; Dawn Dowding; Carl Thompson; Nicky Cullum*	**4.8.1** **An exploration of spouse/partner experiences of information and support needs post acute myocardial infarction using focus group methodolgoy** *Fiona Timmins, School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland* *Co author: Scott Mc Clean*	**4.9.1** **Peoples journeys through health & social care – do they need travel sickness medication?** *Sian Maslin-Prothero, Professor of Nursing, School of Nursing and Midwifery, Keele University, Stoke on Trent, UK* *Co author: Tracey Tudball*	**4.10.1** **The experience of boredom for patients on haemodialysis therapy** *Aoife Moran, Health Research Board Clinical Nursing & Midwifery Fellow, School of Nursing, Dublin City University, Dublin 9, Ireland* *Co authors: Anne Scott, Philip Darbyshire*	**4.11.1** **Cancer genetics and palliative care: Implications for practice** *A. Lillie, Research and Teaching Assistant, School of Health Sciences, The University of Birmingham, Birmingham, UK*	**4.12.1** **From shame and blame to playing the game - turning points in the experiences of girls who access emergency contraception on more than one occasion** *Debbie Fallon, Senior Lecturer, Nursing, University of Salford, Manchester, UK*
4.7.2 **Access to and use of information communication technology: A cross-sectional survey of the users of a community mental health team** *John Crowley, Senior Lecturer, School of Health, University of Greenwich, London, UK*	**4.8.2** **Guidelines for family psychosocial care during critical illness in the emergency department** *Bernice Redley, Research Fellow/ Senior Project Officer, Epworth Deaking Centre for Clinical Nursing Research, Deakin University, Richmond, Australia* *Co authors: Mari Botti; Maxine Duke*	**4.9.2** **Migration and health Impact: A population study** *Michael Brown, Nurse Consultant, Faculty of Health & Life Sciences, Napier University, Edinburgh, UK*	**4.10.2** **Developing an evidence-base: Patient experiences of ME/CFS** *Sophie Staniszewska, Senior Research Fellow, Research, RCN Institute, Oxford, UK* *Co authors: Carol Edwards; Jan Savage; Sally Crowe*	**4.11.2** **Care pathways in the hospice setting: Nurses and doctors perceptions of using the Liverpool care of the dying pathway** *Barbara Jack, Reader, Health Studies, Edge Hill College/Marie Curie Centre Liverpool, Liverpool, UK* *Co authors: Maureen Gambles; Sue Stirzaker; John Ellershaw*	**4.12.2** **Personal accounts of motherhood in the context of sex work and drug use: A phenomenological study** *Gabrielle Mcclelland, University Teacher, Division of Nursing, University of Bradford, Bradford, UK* *Co authors: Robert Newell;*
4.7.3 **Use of computer assisted software in analysis of qualitative data versus manual analysis** *Kay de Vries, Research Fellow/ Senior Lecturer, European Institute of Health and Medical Sciences, University of Surrey, Guildford, UK*	**4.8.3** **Intensive care diaries may reduce later symptoms of posttraumatic stress disorder** *Christina Jones, Nurse Consultant Critical Care Followup, Intensive Care Unit, Whiston Hospital, Prescot, UK* *Co authors: Mauriza Capuzzo, Hans Flaatten, Carl Backman, Christian Rylander, Richard Griffiths*	**4.9.3** **Abstract withdrawn**	**4.10.3** **Tackling depression amongst patients who have long term physical conditions** *Phil McEvoy, Research Associate/ Senior Community Psychiatric Nurse, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK*	**4.11.3** **Palliative care needs assessment** *Sonja Mcilfatrick, Lecturer in Nursing, Department of Nursing, University of Ulster, Newtownabbey, UK*	**4.12.3.** **The journey between starting and finishing research - learning, lessons along the way** *Dolly McCann, Lecturer, Queen Margaret University College, Edinburgh* *Co authors: Helen Smart; Alison Goulbourne*

16.15 - 17.45 Concurrent session 5

	5.1 Room: Dettori Chair: Martyn Jones	5.2 Room: Piggott Chair: Mary Cooke	5.3 Room: Francome Chair: Leslie Gelling	5.4 Room: Fallon Chair: Annie Topping	5.5 Room: Eddery Chair: Lorraine Smith	5.6 Room: Fortune Chair: Alison Twycross
16.15	**5.1.1** **Undertaking factor analysis: Decisions, decisions** *Anne Matthews, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin, Ireland* *Co authors: P. Anne Scott; Pamela Gallager*	**5.2.1** **Assessing carers of people with mental health problems: Towards best practice** *Julie Repper, Reader in Mental Health Nursing, School of Nursing and Midwifery, University of Sheffield, Sheffield, UK* *Co authors: Peter Goward; Monica Curran*	**5.3.1** **A mixed methods study of hospital nurses' quality of working life in Taiwan** *MingYi Hsu, Research Associate, School of Nursing. Faculty of Life & Health Science, University of Ulster, Jordanstown, UK*	**5.4.1** **A RIMARED population study on elderly people health needs in Spain. Preliminary findings** *Eva Hernandez Faba, Scholarship in Nursing Research, Hospital University Vall de Hebron, Barcelona, Spain* *Co author: Mercedes Vicente-Hernández*	**5.5.1** **Patients' psycho-social state and power of knowing-participation in their recovery following a stroke** *Hui-Man Huang, Associate Professor in Nursing, Nursing, Tajen University, PingTung, Taiwan* *Co authors: Brendan McCormacK; W George Kernohan*	**5.6.1** **No worries! Young people's perspectives on a nurse led drop in service** *Debra Salmon, Reader in Community Health Studies, School of Maternal and Child Health, University of the West of England, Bristol, UK* *Co author: Jenny Ingram*
16.45	**5.1.2** **Using semantic differential scales as a research tool** *Nicola Eaton, Professor of Nursing Practice and Education, Centre for Child and Adolescent Health, University of the West of England, Bristol, UK*	**5.2.2** **Emergency department services for patients who have experienced domestic violence: A pilot study** *Philippa Olive, Senior lecturer, Emergency Nursing, Department of Nursing, University of Central Lancashire, Preston, UK*	**5.3.2** **Abstract withdrawn**	**5.4.2** **Using emancipatory action reaserch to improve care for older people in an acute care setting** *Joanne Odell, Project Lead-Care of Older People, Governance Directorate, Portsmouth Hospitals NHS Trust, Portsmouth, UK* *Co authors: Ruth Sanders; Joy Holbrook*	**5.5.2** **Perceptions of psycho-social adaptation among older people in Taiwan following stroke** *Hui-Man Huang, Associate Professor in Nursing, Nursing, Tajen University, PingTung, Taiwan* *Co authors: Brendan McCormack; W George Kernohan*	**5.6.2** **Abstract moved to 7.1.3**
17.15	**5.1.3** **Psychosocial difficutlies in head and neck cancer: The development and validation of a measurement instrument** *Lucy Ziegler, PhD Student, Department of Health Studies, University of Bradford, Bradford, UK* *Co author: Rob Newell*	**5.2.3** **Research and vulnerable groups - approaching clients who self-harm in the context of A&E** *Raphaela Kane, Project Manager/ Lecturer, School of nursing, Dublin City University, Dublin 9, Ireland*	**5.3.3** **The factors affecting work motivation among nurses: A systematic review** *Kristi Toode, Assistant-Teacher, Department of Nursing Science, University of Tartu, Tartu, Estonia* *Co author: Ilme Aro*	**5.4.3** **A descriptive quantitative study that explored nurses knowledge of the use of neuorleptic drugs with older people** *Christine Smith, Director of Primary Care and Community Nursing, School of Nursing and Midwifery, Cardiff University, Cardiff, UK* *Co authors: Sherrill Snelgrove: Christopher Armstrong Esther*	**5.5.3** **A comparison of stroke risk factors in women with and without disabilities** *Janice Hinkle, Senior Research Fellow, School of Health & Social Care, Oxford Brookes University, Oxford, UK*	**5.6.3** **Abstract withdrawn**

17.45 **International Reception Supported by** SAGE Publications
Doctor Beverly Malone, General Secretary, RCN

Wednesday 22 March

5.7 Room: Gladness 1 Chair: Karen Spilsbury	5.8 Room: Sharpo Chair: Martin Johnson	5.9 Room: Dayjur Chair: Dave Richards	5.10 Room: Gladness 2 Chair: Claire Hale	5.11 Room: Main Hall Chair: Caroline Gunnell	5.12 Room: Carson Chair: Joanne Outtrim
5.7.1 **A Q methodology study of women's experiences of enduring postnatal perineal morbidity** *Sandy Herron-Marx, Lecturer/ Researcher, School of Health Sciences, The University of Birmingham, Birmingham, UK* *Co author: Amanda Williams*	**5.8.1** **An ethnographic study of patient care on a trauma unit** *Liz Tutton, Research Fellow Trauma Unit /RCN Institute, Oxford; Debbie Langstaff: Head Nurse, Trauma Unit, John Radcliffe, Oxford, RCN Institute, Royal College of Nursing, Oxford, UK*	**5.9.1** **Nurses' assessment work with patients receiving palliative outpatient chemotherapy: A realist evaluation of the impact of an assessment tool** *Catherine Wilson, Nurse Researcher, Adult Nursing, City University, London, UK* *Co authors: Rosamund Bryar; Anne Lanceley; Jane Maher*	**5.10.1** **An exploration of the needs of Somali visually impaired people in Sheffield** *Gina Awoko Higginbottom, Senior Lecturer, School of Nursing and Midwifery, University of Sheffield, Sheffield, UK* *Co authors: Robyn Story; Kaltum Rivers*	**5.11.1** **Primary care and community nursing roles in Wales: Assessing future options** *Anne Williams, RCN Professor of Nursing Research, Nursing, Health and Social Care Research Centre, School of Nursing and Midwifery Studies, Cardiff University, Cardiff, UK* *Co authors: Davina Allen, Ros Carnwell, Fiona Irvine, Joyce Kenkre, Lesley Griffiths, Melanie Jones, Joy Merrell, Helen Snooks*	**5.12.1** **Abstract withdrawn**
5.7.2 **A qualitative study investigating emotional well-being and support needs of new parents** *Amy McPherson, Lecturer in Behavioural Science, School of Nursing, Nottingham University, Nottingham, UK* *Co authors: Sarah Moreton; Lyn Arrowsuch; Mark Avis*	**5.8.2** **Transfer from cardiac intensive care: Is there room for improvement?** *Jane Doyle, Senior Sister, Cardiac Intensive Care, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK*	**5.9.2** **Tips on eating for patients with advanced cancer: Findings from an exploratory study** *Jane Hopkinson, Senior Research Fellow, School of Nursing and Midwifery, University of Southampton, Southampton, UK* *Co authors: David Wright; Claire Foster*	**5.10.2** **Needs of Pakistani and Chinese families relevant to implementing "Health for All Children"** *Rhona Hogg, Community Nursing Research Facilitator, Community Nursing, Lothian Primary Care NHS Trust, Edinburgh, UK* *Co author: Bredje de Kok*	**5.11.2** **Discourses of advanced practice, new roles and community nursing: A transgressive critique** *Kay Aranda, Principal Lecturer, Institute of Nursing and Midwifery, University of Brighton, Brighton, UK* *Co author: Andrea Jones*	**5.12.2** **Acute and minor episodic illness of 'normally well' preschool children: The experience of mothers who are convention refugees or refugee claimants living in Hamilton Ontario** *Olive Wahoush, Assistant Professor, School of Nursing, McMaster University, Hamilton, ON, Canada*
5.7.3 **Patterns of breast-feeding in a UK longitudinal cohort study** *David Pontin, Principal Lecturer, Faculty of Health & Social Care, University of the West of England, Bristol, Bristol, UK* *Co authors: Pauline Emmett, Colin Steer, Alan Emond, and the ALSPAC Study Team*	**5.8.3** **Critical reality: Nurses' use of knowledge and the biological sciences in critical care clinical decision making** *Lorna O'Reilly, Academic Programme Leader, School of Health Studies, Homerton College, Cambridge, UK*	**5.9.3** **The experience of carers caring for palliative care patients with primary malignant glioma** *Karen Cook, Research Nurse, Education Department, Princess Alice Hospice, Esher, UK*	**5.10.3** **Knowledge, perception, barriers and the social meaning of Tuberculosis among asylum seekers, the homeless and refugee communites in Brent, London, UK** *Senga Steel, Lead Research Nurse, Research and Development, The Whittington Hospital NHS Trust, London, UK* *Co author: Amna Mahmoud*	**5.11.3** **'Doing your own thing'. How do district nurses perceive their role in providing community palliative care?** *Catherine Walshe, Department of Health Research Training Fellow, School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK* *Co authors: Ann Caress, Carolyn Chew-Graham, Chris Todd*	**5.12.3** **Sleep problems in children: Effectiveness of a tailored sleep programme** *Jacqui McGreavey, Health Visitor, Tayside Centre for General Practice, University of Dundee, Dundee, UK* *Co authors: Peter Donnan; Frank Sullivan*

Thursday 23 March 2006

08.30 **Registration**

09.00 **Chair's opening remarks**
Martyn Jones, Committee Member, RCN Scientific Committee; Senior Lecturer in Nursing, School of Nursing and Midwifery, University of Dundee and Associate Director, Social Dimensions of Health Institute, Universities of Dundee and St Andrews, Dundee, Scotland, UK

09.10 **Keynote 3: Benchmarking research excellence: A comparative analysis of nursing and other disciplines**
Veronica James, Professor of Nursing Studies, School of Nursing, Nottingham University, Nottingham, UK and Professor Dame Jill Macleod Clark, Head of School and Deputy Dean of the Faculty of Medicine, Health and Life Sciences, University of Southampton, Southampton, UK

09.55 **Close**

10.00 - 11.00 Concurrent session 6

	6.1 Room: Dettori Chair: Martin Johnson	6.2 Room: Piggott Chair: Martyn Jones	6.3 Room: Francome Chair: Carol Haigh	6.4 Room: Fallon Chair: Mary Cooke	6.5 Room: Eddery Chair: Janet Ball	6.6 Room: Fortune Chair: Steve Campbell
10.00	**6.1.1** **Reflections of insider ethnography as a senior manager participant observer** *Maxine Simmons, Head of Education and Workforce Development, Education and Workforce Development, Chesterfield and N.Derbyshire Royal Hospital, Derbyshire, UK*	**6.2.1** **Predicting self-efficacy using illness representation components in patients with coronary heart disease: A patient survey** *Margaret Lau-Walker, Lecturer, Imperial College, National Heart and Lung Institute, London, UK*	**6.3.1** **New professionalism and technological competence** *Kenda Crozier, Lecturer in Midwifery, NAM, University of East Anglia, Norwich, UK*	**6.4.1** **Developing resuscitation knowledge and skills: Is there a role for e-learning?** *Pam Moule, Reader in Nursing and Learning Technologies, Faculty of Health & Social Care, University of the West of England, Bristol, Bristol, UK* *Co authors: John W. Albarran; Elizabeth Bessant*	**6.5.1** **Negotiation as a concept for understanding adaptation and coping in men with newly diagnosed Type 2 diabetes** *Robin Lewis, Non Clinical Lecturer, Acute and Critical Care, University of Sheffield, Rotherham, UK* *Co authors: Alan White; Keith Cash*	**6.6.1** **Donor and recipient experiences of live kidney transplantation** *Paul Gill, Research Assistant and PhD Student, School of Nursing and Midwifery Studies, University of Wales College of Medicine, Cardiff, UK*
10.30	**6.1.2** **Autoethnography: Personal narratives and reflexivity in a study involving bilingual subjects** *Fiona Irvin and Gwerfyl Roberts, Lecturers in Nursing, School of Nursing & Midwifery Studies, University of Wales Bangor, Bangor, UK* *Co author: Sally Sambrook*	**6.2.2** **Proactive continence care by nurses: A study of their decision making and the evaluation of an educational intervention** *Carol Curran, Head of School of Nursing Univeristy of Ulster, Faculty of Life and Health Sciences, University of Ulster, Newtownabbey, UK* *Co authors: Roy McConkey; Ruth Ludwick*	**6.3.2** **Student experience in face-to-face and on-line interprofessional learning groups** *Margaret Miers, Reader in Nursing and Social Science, Faculty of Health and Social Care, University of the West of England, Bristol, UK* *Co authors: Brenda Clarke, Caroline Lapthorn, Katherine Pollard, Judith Thomas*	**6.4.2** **Exploring death anxiety in student nurses using a repertory grid technique** *Sarah Burden, Senior Lecturer in Nursing, School of Health and Community Care, Leeds Metropolitan University, Leeds, UK* *Co authors: Alan White; Anne Llewellyn*	**6.5.2** **Men's experiences of testicular cancer: A grounded theory study** *David Robinson, Practice Development Nurse Co-ordinator, Oncology Directorate, Belfast City Hospital Trust, Belfast, UK* *Co authors: Sonja McIlfatrick; Kader Parahoo*	**6.6.2** **The use of narrative to gain patients' views of waiting for coronary artery bypass surgery to complement a randomised controlled trial evaluating a nurse-led support and education programme (RiFaR)** *Helen Goodman, Project Manager, Surgery, Royal Brompton & Harefield NHS Trust, London, UK*

11.00 **Refreshments, exhibition and poster viewing**

11.30 - 13.00 Symposia and workshops

Symposium 9 Room: Main Hall	Symposium 10 Room: Sharpo	Symposium 11 Room: Dayjur	Symposium 12 Room: Francome	Symposium 13 Room: Fallon	Symposium 14 Room: Eddery
Completing a systematic review *Chair: Dr Caroline Shuldham, Director of Nursing & Quality, Royal Brompton & Harefield NHS Trust* *Co presenters: Janelle Yorke, Lecturer and Sharon Fleming, PhD student, Royal Brompton & Harefield NHS Trust*	**Research challenges: Lessons learned from studies on 'sensitive' topics or with 'difficult to access' groups.** *Daniel Kelly, Reader in Cancer & Palliative Care, School of Health & Social Sciences, Middlesex University, London, UK* *Co presenters: Alison Coutts, City University, Nora Kearney and Nina Rowar-Dewer, Stirling University and Sylvie Marshall-Lucette, Kingston University, UK*	**Evaluation of new nursing roles: The impact of governance and incentives on outcomes** *Chair: Professor Celia Davies* *Led by: Fiona Ross, Director of Nursing Research Unit, Nursing Research Unit, King's College London, London, UK* *Co presenters: Sara Christian, Dr Ruth Harris, Sally Redfurn, Fiona Ross*	**A project to explore the influence of lecturer practitioner, mentor and link tutor roles on the integration of theory and practice in the curriculum** *Ros Carnwell, Professor and Director of Centre for Health and Community Research, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, UK* *Co presenters: Sally Baker, Alex Carson, Malcolm Godwin*	**Making a difference through the development of person centred nursing** *Chair: Brendan McCormack, Professor of Nursing Research, Nursing, University of Ulster, Belfast, Ireland* *Co presenters: Dr Tanya McCance, Rob Garbett*	**Building research capacity: A case study of two schools of nursing & midwifery in the UK** *Sian Maslin-Prothero, Professor of Nursing, School of Nursing and Midwifery, Keele University, Stoke on Trent, UK* *Co presenters: Dr Helena Priest, Dr Jeremy Segrott*

13.00 **Refreshments, fringe events exhibition and poster viewing**

Thursday 23 March

6.7 Room: Gladness 1 Chair: Andrea Nelson	6.8 Room: Sharpo Chair: Leslie Gelling	6.9 Room: Gladness 2 Chair: Sharon Hamilton	6.10 Room: Dayjur Chair: Dave Richards	6.11 Room: Carson Chair: Barbara Jack	6.12 Room: Main Hall Chair: Dave O'Carroll
6.7.1 **Reducing the work-load of ear syringing: Is self-care with a bulb syringe an effective alternative?** *Dorothy Wicke, Lead Practice Nurse and Research Nurse, Overton Surgery, The Oakley and Overton Partnership, Overton, UK* *Co authors: Richard Coppin; Paul Little*	**6.8.1** **Identifying strategic research and development priorities using consensus methods** *Tanya McCance, Senior Professional Officer, Centre House, NIPEC, Belfast, UK* *Co author: Donna Fitzsimons*	**6.9.1** **The roll out of a nurse led welfare benefits screening service throughout the largest local health care cooperative in Glasgow: An evaluation study** *Robert Hoskins, Lecturer, Nursing & Midwifery School, University of Glasgow, Glasgow, UK* *Co authors: Janet Tobin; Karen McMaster; Tony Quinn*	**6.10.1** **Evaluation of a training package to improve the detection and management of postnatal depression: A mixed methods study** *Jane Stewart, Research Fellow, Hucknall Health Centre, Nottingham Primary Care Research Partnership, Nottingham, UK*	**6.11.1** **Meeting the needs of people with learning disabilities in Bristol NHS Walk-in Centres** *Matthew Godsell, Senior Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, UK* *Co authors: Kim Scarborough; Mark Smith*	**6.12.1** **Nursing students' perceptions of clinical experience: Issues of quality and support** *Lynne Jones, Practice Facilitator, Department of Nursing, Bro Morgannwg NHS Trust, Bridgend, UK*
6.7.2 **In whose best interests? Nurses' experiences of the administration of sedation in general medical wards in England: An application of the critical incident technique** *Helen Aveyard, Senior Lecturer, School of Health & Social Care, Oxford Brookes University, Oxford, UK* *Co author: Mary Woolliams*	**6.8.2** **R, M and G challenges in primary care – lessons from a national survey** *Jane Appleton, Post-Doctoral Research Fellow, Consortium for Health Care Research CRIPACC, University of Hertfordshire, UK* *Co authors: Sally Kendall; Sarah Cowley*	**6.9.2** **An evaluation of the implementation of the 'Essence of Care' in South Staffordshire Healthcare NHS Trust** *Sue Bowers, Senior Lecturer, Faculty of Health and Sciences, Staffordshire University, Stafford, UK* *Co authors: Peter Nolan; Stephanie Tooth*	**6.10.2** **Are concern for face and seeking help behavior correlates to early postnatal depressive symptoms among Hong Kong Chinese women?** *Ying LAU, PhD Full-time Student, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong, Hong Kong*	**6.11.2** **The use of care mapping in learning disability services: Some of the issues and its potential** *Sue Jaycock, Research Development Lead, R&D Dept, Nottinghamshire Healthcare NHS Trust, Nottingham, UK* *Co author: Michelle Persaud*	**6.12.2** **Using practitioner research to increase primary care capacity in child and adolescent mental health services** *Susan Procter, Professor of Primary Health Care Research, St Bartholomews School of Nursing and Midwifery, City University, London, UK* *Co author: Susan Croom*

Thursday 23 March

Symposium 15 Room: Fortune	Symposium 16 Room: Gladness 1	Symposium 17 Room: Gladness 2	Workshop 5 Room: Piggott	Workshop 6 Room: Dettori	Workshop 7 Room: Carson
Men and their use of health services *Alan White, Professor of Men's Health, School of Health and Community Care, Leeds Metropolitan University, Leeds, UK* *Co presenters: Dr Steve Robertson, Caroline Gunnell, David Conrad*	**Substance use and misuse: Research and evidence for nursing, public health and primary care** *David Foxcroft, Professor, School of Health and Social Care, Oxford Brookes University, Oxford, UK* *Co presenters: Lindsey Coombes, Debby Allen, Jo Neale, Hazel Watson*	**Shared experience of evaluating the role of nurse consultants, via a similar method in different locations and with different research teams** *Steven Campbell, Head of Nursing R&D, Head of R&D, Chair of Nursing Practice, Department of Research and Development, City Hospitals Sunderland NHS Foundation Trust, Sunderland, UK* *Co presenters: Sabi Redwood, Ciaran Newell, Hilary Lloyd, Helen Hancock, Eloise Carr, Rob McSherry, David Mudd*	**Case study - a valuable strategy for nursing research** *Ann-Louise Caress, School of Nursing Midwifery and Social Work, University of Manchester, Manchester, UK* *Co presenters: Dai Roberts, Head of Research and Development; Catherine Walshe, Department of Health Doctoral Research Student; Alison McNulty, Research Associate; Chris Waterman, Research Associate; Chris Todd, Director of Research; Andrew Long, Professor of Health Systems Research; Peter Mackereth, Nurse Consultant; Jacqui Stringer, Nurse Consultant; Sam Parkin, Clinical Manager; Ann Carter, Complementary Therapy Service Co-ordinator; Carolyn Chew-Graham, Senior Lecturer in Primary Care*	**The theory and practice of practitioner research** *Susan Procter, City University, London, UK* *Co presenters: Susan Croom, Senior Lecturer/Research Fellow/Senior Nurse in Child and Adolescent Mental Health*	**Constructing and evaluating conceptual-theoretical-empirical structures for nursing research workshop** *Jacqueline Fawcett, College of Nursing and Health Sciences, University of Massachusetts Boston, Massachu, United States*

14.15 - 15.45 Concurrent session 7

	7.1 Room: Dettori Chair: Andrea Nelson	7.2 Room: Piggott Chair: Lorraine Smith	7.3 Room: Francome Chair: Steve Campbell	7.4 Room: Dayjur Chair: Annie Topping	7.5 Room: Fallon Chair: Dawn Dowding	7.6 Room: Eddery Chair: Joanne Outtrim
14.15	**7.1.1** **Developing a haematology practice development and research unit at an acute hospital trust** *Annette Jinks, Professor of Clinical Nursing Research, Faculty of Health & Social Care, Liverpool John Moores University, Merseyside, UK* *Co authors: Cathy Marsden; Debbie Mazhindu*	**7.2.1** **Fathering, health and social connectedness: The health experiences of African-Caribbean and white working class fathers** *Robert Williams, Lecturer, School of Health Sciences, The University of Birmingham, Birmingham, UK*	**7.3.1** **Research priorities for nursing & midwifery in southern Ireland** *Geraldine McCarthy, Professor and Head of School, School of Nursing and Midwifery, University College Cork, Cork, Ireland* *Co authors: Eileen Savage; Elaine Lehane*	**7.4.1** **Abstract withdrawn**	**7.5.1** **Children's nurses' pain management practices: Theoretical knowledge, perceived importance and decision-making** *Alison Twycross, Principal Lecturer in Children's Nursing, Faculty of Health and Social Care Sciences, Kingston University, St George's University of London, London, UK*	**7.6.1** **Assessment of ICU nurses' knowledge and practice competence in performing tracheal suctioning** *Maria Angeles Margall, Nurse Manager, Intensive Care Unit, Clínica Universitaria de Navarra, Pamplona, Navarra, Spain* *Co authors: Amparo Martinez; Mª Carmen Asiain, Noelia Ania, Maite Eseberri*
14.45	**7.1.2** **Do nurses properly identify patients prior to initiating blood transfusion? Results of the first observational research study in the UAE** *Belal Hijji, Assistant Director of Nursing, Nursing, Mafraq Hospital, Abu Dhabi, U.A.E.*	**7.2.2** **If I'm poorly I go to the doctor, simple as that: The differences and similarities between white and South Asian men on the masculine influences on the decision to seek help for acute chest pain** *Paul Galdas, Lecturer in Nursing, Acute and Critical Care, University of Sheffield, Sheffield, UK* *Co authors: Francine Cheater; Paul Marshall*	**7.3.2** **The establishment of a Scottish Research Nurse and Coordinators' Network and its role in the development of research capacity and capability** *Juliet MacArthur, Senior Nurse - Research, PRDE UNit, Lothian University Hospitals NHS Trust, Edinburgh, UK* *Co author: Gordon Hill*	**7.4.2** **Standards to assure quality in research in a department of nursing** *Susan Wright, Senior Lecturer, Nursing, Tshwane University of Technology, Pretoria, South Africa* *Co authors: Jakkie Bornman; Annatjie Botes*	**7.5.2** **Developing a method to aid informed consent when interviewing children and young people** *Lucy Smith, Research Practitioner, Centre for Health Research & Evaluation, Edge Hill College of Higher Education, Ormskirk, UK*	**7.6.2** **Managing chronic disease: A case study of an innovative role in respiratory nursing practice** *Sonja Mcilfatrick, Lecturer in Nursing, Nursing, University of Ulster, Newtownabbey, UK* *Co authors: Hugh McKenna, Sinead Keeney*
15.15	**7.1.3** **A study of the experiences of marginalized children and young people and their key workers in participation and involvement work** *Dawn Scott, Nurse Consultant in Public Health, School of Health, Community and Education Studies, Northumbria University, Newcastle upon Tyne, UK* *Co authors: Chris Drinkwater; Susan Carr*	**7.2.3** **Exploring the influence of culture on diabetes self-management: Perspectives of Gujarati Muslim men** *Elizabeth Fleming, Senior Research Fellow, Department of Nursing, University of Central Lancashire, Preston, UK* *Co authors: Bernie Carter; Judith Pettigrew*	**7.3.3** **Implementation of a joint research strategy involving higher educational institutions and health partners** *Julie Jones, Clinical Audit/Research Manager, Wrexham Maelor Hospital, North East Wales NHS Trust, Wrexham, UK* *Co authors: Mary Popplewell; Ruth Daniels*	**7.4.3** **Modelling of individualised patient care, patient satisfaction, patient autonomy and health-related quality of life** *Riitta Suhonen, Quality and Development Manager, Administration, Health Care District of Forssa, Forssa, Finland* *Co authors: Maritta Välimäki; Helena Leino-Kilpi*	**7.5.3** **Nurses' management of pain in children with cancer: A comparative study between Sweden, South Africa and the UK** *Nicola Eaton, Director of Children's Palliaitve Care Research, Centre for Child and Adolescent Health, University of the West of England, Bristol, UK* *Co authors: Karin Enskar; Gunilla Ljusegren*	**7.6.3** **Making beds: The role of the nurse in an acute medical admissions unit** *Pauline Griffiths, Senior Lecturer, School of Health Science, University of Wales Swansea, Swansea, Wales, UK*

15.45 **Refreshments, exhibition and poster viewing**

16.25 **Presentation of Best Poster Award sponsored by Elsevier**

16.30 **Question Time**

Chair:
Adam Shaw, Broadcaster and Journalist, Presenter BBC Working Lunch
Panellists*:*
Professor Alan Maynard, Health Economist and Acute Trust Director, York, UK
Professor Ingalill Rahm Hallberg, Deputy Dean, Medical Faculty, Department of Health Sciences, Lund University, Sweden
Dr Caroline Shuldham, Director of Nursing & Quality, Royal Brompton and Harefield Trust, London, UK
Professor Dame Jill Macleod Clark, Deputy Dean of Faculty of Medicine, Health & Life Sciences & Head of School of Nursing & Midwifery, University of Southampton, Southampton, UK
Alison J. Tierney BSc PhD RN FRCN CBE, Editor-in-Chief of Journal of Advanced Nursing, UK

17.30 **Close of day 3**

19.30 **Pre-dinner drinks**

Sponsored by NURSING STANDARD

20.00 **Conference dinner**

Thursday 23 March

7.7 Room: Sharpo Chair: Dot Chatfield	7.8 Room: Gladness 2 Chair: Tony Long	7.9 Room: Fortune Chair: Barbara Jack	7.10 Room: Gladness 1 Chair: Martyn Jones
7.7.1 **The research coordinator role in Australasian intensive care units: Results of binational survey** *Claire Rickard, Associate Professor in Clinical Research, School of Nursing and Midwifery, University of Tasmania, Launceston, TAS, Australia* *Co authors: Brigit Roberts; Jonathon Foote; Matthew McGrail*	**7.8.1** **The transition experience for parents of very preterm, very low birth infants** *Gill Watson, Lecturer in Nursing, School of Nursing and Midwifery, University of Dundee, Dundee, UK* *Co author: Julie Taylor*	**7.9.1** **Evaluation of ward organisational features scales (WOFS) in a sample of 1297 Norwegian RNs: Factor replication and internal consistency** *Ingeborg Sjetne, Researcher, Norwegian Knowledge Centre for the Health Services, Oslo, Norway* *Co author: Andrew Garratt*	**7.10.1** **Evaluating the impact of a tailored training programme on co-existing substance misuse and mental health problems: A randomised controlled trial** *Hazel Watson, Professor of Nursing, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, UK* *Co author: Alison Munro*
7.7.2 **Clinical research nurses: Experiences of the role and potential contribution to clinical trials** *Karen Spilsbury, Research Fellow, Health Sciences (Research), University of York, York, UK* *Co authors: Emily Petherick, Jane Nixon, Andrea Nelson, Gillian Cranny, Cynthia Iglesias, Kim Hawkins, Nicky Cullum, Angela Phillips, David Torgerson, Su Mason on behalf of the Pressure Trial Group*	**7.8.2** **Neonatal nurses' experience of caring for substance exposed infants and their families** *Margaret Barnes, Senior Lecturer, Faculty of Science, Health and Education, University of the Sunshine Coast, Sippy Downs, Australia* *Co authors: Jenny Fraser; Herbert Biggs*	**7.9.2** **What strategies do modern matrons use when making leadership & management decisions relevant to their role?** *Elaine McNichol, Programme Director & Centre Coordinator, University of Leeds, CDHPP, Leeds, UK*	**7.10.2** **Problematic drug use by under 25s: The experiences and opinions of drug users** *Robert Newell, Professor of Nursing Research, nursing research, University of Bradford, Bradford, UK* *Co authors: Tamara Seabrook; Alision Torn, Udy Archibong, Geoff Hinds, Debbie Allen*
7.7.3 **What constitutes success for a national trial manager? Managing a multi-centre trial in emergency medicine. A personal experience** *Moyra Masson, Trial Manager, Emergency Department, Royal Infirmary of Edinburgh, Edinburgh, UK*	**7.8.3** **Mothers' experiences of their babies' transfer to a regional neonatal unit** *Khatijah Abdullah, Lecturer, University of Malaya, Malaysia*	**7.9.3** **Evaluation of a blended approach to patient safety education** *Moira Attree, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK* *Co authors: Caroline Carlisle; Ann Wakefield*	**7.10.3** **Social and psychological correlates of binge drinking: An international perspective** *Moira Plant, Professor of Alcohol Studies, Faculty of Health and Social Care, University of the West of England, Bristol, UK*

Friday 24 March 2006

09.00 **Registration**

09.30 - 11.00 Concurrent session 8

	8.1 Room: Carson Chair: Martyn Jones	8.2 Room: Dettori Chair: Barbara Jack	8.3 Room: Piggott Chair: Susan Read	8.4 Room: Francome Chair: Janet Ball	8.5 Room: Fallon Chair: Mary Cooke	8.6 Room: Eddery Chair: Dave Richards
09.30	**8.1.1** **The safety and efficacy of lemon grass (Cymbopogon citrates) in the treatment of oropharyngeal candidiasis in HIV/AIDS patients as compared to a standard treatment of gentian violet aqueous solution 0.5%** *Lize Maree, Head of Department of Nursing, Nursing, Tshwane University of Technology, Pretoria, South Africa* *Co authors: Susan Wright; Mpho Sebanyoni*	**8.2.1** **An innovative approach to improving the mental health of children: An evaluation of a student assistance programme** *Ros Carnwell, Professor of Nursing Research, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, UK* *Co author: Sally Ann Baker*	**8.3.1** **Assessing the nursing work environment across different health care sectors** *Linda McGillis Hall, Associate Professor & CIHR New Investigator, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada*	**8.4.1** **School aged children health diagnosis: How they perceive their own health and the environmental factors that determine it** *Manuel Rodrigues, Professor of Nursing Sciences, Health Sciences Research Unit, Escola Superior de Enfermagem Dr. Ângelo da Fonseca, Coimbra, Portugal* *Co authors: Vitor Rodrigues; José Morais*	**8.5.1** **Using the 'framework' approach for organisational case study research: An ideal match?** *Val Woodward, Senior Lecturer, Community Nursing, Institute of Health Studies, University of Plymouth (UK), Plymouth,UK* *Co authors: Christine Webb; Morag Prowse*	**8.6.1** **New research paradigms: The outcomes of a conference event** *Michael Brown, Nurse Consultant, Faculty of Health & Life Sciences, Napier University, Edinburgh, UK* *Co author: Juliet MacArthur*
10.00	**8.1.2** **The RiFaR study: A randomised controlled trial of a nurse-led support and education programme to reduce risk factors and improve fitness for surgery in patients waiting coronary artery bypass surgery** *Helen Goodman, Project Manager, Surgery, Royal Brompton & Harefield NHS Trust, London, UK*	**8.2.2** **Abstract moved to 6.12.2**	**8.3.2** **Nurse specialty subcultures in hospitals: Impact on patient outcomes** *Anastasia Mallidou, Vice CEO, Vice CEO, Children Hospital "Agia Sophia", Athens, Greece* *Co authors: Carole Estabrooks; Phyllis Giovannetti*	**8.4.2** **Healthy children are better learners: Putting research into practice** *Alison Tonkin, NVQ Manager for Health and Social Care and Early Years, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, UK* *Co authors: Cath Alderson; Gill Roberts*	**8.5.2** **Research capacity building - can nurses move outside the box?** *Anne Lacey, Senior Research Fellow, ScHARR, University of Sheffield, UK* *Co presenter: Jo Cooke*	**8.6.2** **Methodological challenges undertaking commissioned research within a healthcare context: The case of root cause analysis training** *Moira Attree, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK* *Co authors: Caroline Carlisle; Ann Wakefield*
10.30	**8.1.3** **Upper respiratory tract airflow and head fanning reduce brain temperature in brain-injured, intubated patients: A randomised, crossover, factorial trial of nurse-led interventions** *Bridget Harris, Research Nurse, Intensive Care Unit, Western General Hospital, Edinburgh, UK* *Co authors: Peter Andrews; Gordon Murray*	**8.2.3** **Delivering health services to homeless people in London: Challenges in delivering an accessible and appropriate service** *Louise Joly, Nursing Research Fellow, Primary Care and Population Sciences, University College London, London, UK*	**8.3.3** **Developing an advanced nurse practitioner service in emergency care: Attitudes of nurses and doctors** *Vidar Melby, Senior Lecturer in Emergency Nursing, Department of Nursing, University of Ulster, Derry, UK* *Co author: Miriam Griffin*	**8.4.3** **Health related quality of life in adolescents after liver transplantation: The young persons perspective** *Rachel Taylor, Nurse Researcher, Child Health, King's College Hospital NHS Trust, London, UK* *Co authors: Faith Gibson; Linda Franck; Anil Dhawan*	**8.5.3** **A case study of patient dignity in an acute hospital setting** *Lesley Baillie, Principal lecturer, Faculty of Health and Social Care, London South Bank University, London, UK*	**8.6.3** **Abstract moved to 6.8.1**

11.00 **Refreshments, exhibition and poster viewing**

Friday 24 March

8.7 Room: Fortune Chair: Joyce Kenkre	8.8 Room: Gladness 1 Chair: Claire Hale	8.9 Room: Gladness 2 Chair: Dawn Dowding	8.10 Room: Sharpo Chair: Annie Topping	8.11 Room: Deyjur Chair: Leslie Gelling	8.12 Room: Main Hall Chair: Ann McMahon
8.7.1 **Integrated working is this the way forward for interprofessional education and practice?** *Ann Wakefield, Senior Lecturer Teaching (Nursing), School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK* *Co authors: Caroline Boggis; Mark Holland*	**8.8.1** **Cancer patients receiving chemotherapy or radiotherapy: Distress and coping and place of residence** *Elisabet Hjorleifsdottir, Assistant Professor, University of Akureyri, Nursing Department, University of Akureyri, Akureyri, Iceland* *Co authors: Ingalill Rahm Hallberg; Ingrid Ågren Bolmsjö; Elin Dianna Gunnarsdottir*	**8.9.1** **Qualitative differences between general practitioner and nurse practitioner consultation strategies in primary care** *Anne Williams, RCN Professor of Nursing Research, Nursing, Health and Social Care Research Centre, School of Nursing and Midwifery Studies, Cardiff University, Cardiff, UK*	**8.10.1** **Developing clinical placements for nursing students in UK General Practice: A survey of the views of practice nurses** *Kevin Corbett, Lecturer in Nursing (Adult), Health Sciences, University of York, York, UK* *Co author: Sonia Bent*	**8.11.1** **Conducting a complex, exploratory study with a refugee community: Practical and methodological challenges** *Marianne Johnson, 3rd year PhD Nursing Student, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK* *Co authors: Ann Caress; Zeinab Mohamed*	**8.12.1** **Locality based nursing education commissioning and delivery: An exploration of stakeholders' views** *Michelle Myall, Research Fellow, School of Nursing and Midwifery, University of Southampton, Southampton, UK* *Co author: Judith Lathlean*
8.7.2 **Identifying opportunities for interprofessional learning in practice** *Judith Parsons, Project Lead, Interprofessional Placements Project, Health and Social Welfare Studies, Canterbury Christ Church University, Canterbury, UK*	**8.8.2** **Women's experiences of pregnancy associated breast cancer** *Catherine Jack, Macmillan Lecturer, School of Healthcare, University of Leeds, Leeds, UK* *Co authors: Claire Hale; Ziv Amir*	**8.9.2** **Primary care nurse practitioners' use of information resources** *Ann Adams, Principal, Research Fellow, Warwick Medical School, Coventry, UK* *Co author: Margaret Thorogood*	**8.10.2** **Abstract moved to 6.12.1**	**8.11.2** **Criticising nursing research from an ethical point of view: A framework and examples** *Martin Johnson, Professor in Nursing, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, UK* *Co author: Tony Long*	**8.12.2** **Evaluating a work based learning approach to nurse education: A collaborative approach between an acute NHS Trust and Higher Education Institution** *Tracey Williamson, Research Fellow, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, UK* *Co authors: Denise Owens; Jackie Leigh*
8.7.3 **Interprofessional education: Looking into the black box** *Alison Steven, Research Associate, Department of Primary Health Care, University of Newcastle, Newcastle, UK* *Co authors: Claire Dickinson; Pauline Pearson*	**8.8.3** **A patient and carer focused qualitative study of a nurse-led cancer support service in primary care** *Rhona Hogg, Community Nursing Research Facilitator, Community Nursing, Lothian Primary Care NHS Trust, Edinburgh, UK*	**8.9.3** **Supporting informed decision-making in relation to the MMR vaccine: Findings of a systematic review** *Cath Jackson, Research Fellow (Public Health), School of Healthcare, University of Leeds, Leeds, UK* *Co authors: Francine Cheater; Innes Reid*	**8.10.3** **From a student's point of view it must be really confusing: Student engagement in interprofessional working in practice placement settings** *Katherine Pollard, Research Fellow, Faculty of Health and Social Care, University of the West of England, Bristol, UK* *Co authors: Kathryn Ross; Robin Means*	**8.11.3** **The ethics of undertaking research with children: Is there a need for a multidisciplinary approach?** *Alison Twycross, Principal Lecturer in Children's Nursing, Faculty of Health and Social Care Sciences, Kingston University, St George's University of London, London, UK*	**8.12.3** **Evaluating competency assessment post qualification: Key to radical reform and a skilled healthcare workforce** *Elizabeth Rosser, Director of Postgraduate and Post Qualifying Modular Scheme, Faculty of Health & Social Care, University of the West of England, Bristol, UK* *Co author: Cathryn Havard*

11.30 - 13.00 Concurrent session 9

	9.1 Room: Dettori Chair: Barbara Jack	9.2 Room: Piggott Chair: Susan Read	9.3 Room: Francome Chair: Dave Richards	9.4 Room: Fallon Chair: Mary Coooke	9.5 Room: Eddery Chair: Ann McMahon	9.6 Room: Fortune Chair: Annie Topping
11.30	**9.1.1** **Wound cleansing for pressure ulcers - a systematic review** *Zena Moore, Lecturer, Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland, Dublin 2, Ireland* *Co author: Seamus Cowman*	**9.2.1** **The role of the diabetes specialist nurse prescriber on diabetes service delivery in secondary care** *Nicola Carey, Senior Research Fellow, School of Health and Social Care, University of Reading, Reading, UK* *Co author: Molly Courtenay*	**9.3.1** **Rules and resources: A structuration approach to understanding the coordination of children's inpatient health care** *Antonia Beringer, Research Associate, Faculty of Health and Social Care, University of the West of England, Bristol, UK*	**9.4.1** **Neither a nurse nor a patient** *Angela Grainger, Assistant Director of Nursing (Nursing Education and Research Lead), Executive Nursing Practice Development Team, King's College Hospital NHS Trust, London, UK*	**9.5.1** **The prevalence of enduring postnatal perineal morbidity and its relationship to perineal trauma: A retrospective community cross-sectional survey** *Amanda Williams, Midwife, Obstetrics and Gynaecology, Heart of England NHS Foundation Trust, Birmingham, UK* *Co authors: Sandy Herron-Marx; Carolyn Hicks*	**9.6.1** **Drug errors and incident reporting in a British acute hospitals trust** *Gerry Armitage, Senior University Teacher/Lecturer, Nursing, University of Bradford, Bradford, UK*
12.00	**9.1.2** **PRESSURE Trial: Pressure RElieving Support SUrfaces: a Randomised Evaluation of overlay and replacement alternating pressure mattresses ISRCTN 78646179** *Jane Nixon, Deputy Director CTRU, Northern and Yorkshire Clinical Trials and Research Unit, University of Leeds, Leeds, UK* *Co authors: Gillian Cranny; E. Andrea Nelson, Cynthia Iglesias, Angela Phillips, Kim Hawkins, David Torgerson, Su Mason and Nicky Cullum*	**9.2.2** **Constraints on care: Findings from an ethnographic study of nurses' role in patients' nutritional care** *Cherill Scott, Senior Research Fellow, Headquarters, London, RCN Institute, London, UK* *Co author: Jan Savage*	**9.3.2** **Mothering and othering: Immigrant women and paediatric hospitalization** *Catherine Hardie, Senior Lecturer, Faculty of Nursing, University of Toronto, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada*	**9.4.2** **Exploring a value-based approach to healthcare: Are nurses coping with work-related stress?** *Nirmala Ragbir-Day, Public Health Manager, Health and Performance Improvement, North and East Yorkshire & Northern Lincolnshire SHA, York, UK*	**9.5.2** **Making the diagnosis of labour: Midwives' diagnostic judgement and management decisions** *Helen Cheyne, Research Fellow, Nursing Midwifery and Allied Health Professions Research Unit, University of Stirling, Stirling, UK* *Co authors: Dawn Dowding; Vanora Hundley*	**9.6.2** **Helping the medicine go down: Intentional & unintentional non-adherence to medications in patients with hypertension** *Elaine Lehane, College Lecturer, School of Nursing and Midwifery, University College Cork, Cork, Ireland*
12.30	**9.1.3** **Systematic review of methods of diagnosing infection in diabetic foot ulcers** *Andrea Nelson, Reader, Health Sciences (Research), University of York, York, UK* *Co authors: Susan O'Meara; Su Golder; Jane Dalton; Dawn Craig and Cynthia Iglesias on behalf of the DASIDU steering group*	**9.2.3** **Role of the clinical nurse specialist in Ireland** *Sheelagh Wickham, Assistant Head of School/Post Graduate Convenor, School of Nursing, Dublin City University, Dublin 9, Ireland*	**9.3.3** **Psychological interventions for children with asthma: A systematic review** *Janelle Yorke, Lecturer / Researcher, Nursing & Quailty, Royal Brompton & Harefield NHS Trust, London, UK* *Co author: Sharon Fleming; Caroline Shuldham*	**9.4.3** **Understanding healthcare worker uptake of influenza vaccination: A survey** *Claire Chalmers, Lecturer, School of Health, Bell College, Hamilton, UK*	**9.5.3** **Negotiating the 'what could go wrong world': Reconceptualising early miscarriage as transition** *Fiona Murphy, Senior Lecturer, School of Health Science, University of Wales Swansea, Swansea, UK* *Co authors: Joy Merrell*	**9.6.3** **Safety in numbers: The role of an authentic world learning environment and authentic diagnostic assessment in developing & assessing medication dosage calculation skills** *Keith Weeks, Principal Lecturer: Biological Sciences Applied to Nursing, School of Care Sciences, University of Glamorgan, Pontypridd, UK* *Co authors: Norman Woolley; George McWhirter*

13.00 **Lunch, fringe events, final exhibition and poster viewing**

14.15 **Chair's opening remarks**
Carol Haigh, Committee Member of the Scientific Committee and RCN Research Society Steering Committee

14.20 **Keynote 4: Nursing research: Odds-on favourite or dodgy bet?**
Nicky Cullum, Professor, University of York, York, UK

15.10 **Launch of 2007 conference**

15.15 **Chair's closing remarks**

9.7 Room: Gladness 1 Chair: Carol Haigh	9.8 Room: Gladness 2 Chair: Claire Hale	9.9 Room: Main Hall Chair: Tony Long	9.10 Room: Carson Chair: Joyce Kenkre	9.11 Room: Sharpo Chair: Tracey Williamson	9.12 Room: Dayjur Chair: Lorreta Bellman
9.7.1 **Using the patchwork text as a vehicle for promoting interprofessional health and social care collaboration in higher education** *Jayne Crow, Senior Lecturer, Anglia Institute of Health and Social Care, Anglia Ruskin University, Chelmsford, UK* *Co authors: Shirley Jones; Lesley Smith*	**9.8.1** **A study of the experience of cachexia in patients with cancer and their significant others** *Joanne Reid, Research Fellow, Faculty of Life and Health Sciences, University of Ulster, Newtownabbey, UK* *Co authors: Hugh McKenna; Donna Fitzsimons and Tanya McCance*	**9.9.1** **Clinical decision-making in action: The use of CPR in the A&E department** *Stephen Brummell, Nursing Lecturer, Acute and Critical Care, University of Sheffield, Sheffield, UK*	**9.10.1** **Patient perceptions and experiences of the impact of a pressure ulcer and its treatment on their health and quality of life** *Karen Spilsbury, Research Fellow, Health Sciences (Research), University of York, York, UK* *Co authors: Andrea Nelson; Jane Nixon, Gillian Cranny, Cynthia Iglesias, Kim Hawkins, Nicky Cullum, Angela Phillips, David Torgerson, Su Mason on behalf of the Pressure Trial Group*	**9.11.1** **Evaluation of action learning sets designed to provide professional development opportunities for nurses in General Practice** *Alison Smith, Principal Lecturer, Centre for Health and Social Care Research, Canterbury Christ Church University College, Canterbury, UK* *Co author: Jane Greaves*	**9.12.1** **Grounded theory: Escaping the methodological mire!** *Angela Tod, Lecturer, Acute and Critical Care Nursing, Sheffield Teaching Hospitals Trust/University of Sheffield, Sheffield, UK* *Co author: Robin Lewis*
9.7.2 **An evaluation of a multidisciplinary national education programme to promote good practice amongst health care workers in preventing healthcare acquired infections** *Colin Macduff, Research Fellow, CeNPRaD, School of Nursing, The Robert Gordon University, Aberdeen, UK* *Co authors: Bernice West; Maureen McBain*	**9.8.2** **The prevalence of weight loss and eating related concerns in people with advanced cancer** *Jane Hopkinson, Senior Research Fellow, School of Nursing and Midwifery, University of Southampton, Southampton, UK* *Co authors: Jessica Corner; David Wright*	**9.9.2** **Abstract withdrawn**	**9.10.2** **Living with pressure ulcers: The results of a phenomenological study to explore the experience of living with a pressure ulcer** *Carol Dealey, Senior Research Fellow, Research Development Team, University Hospital Birmingham NHS Trust, Birmingham, UK* *Co authors: Alison Hopkins; Tom Defloor; Sue Bale; Fran Worboys*	**9.11.2** **Predictors of success for students undertaking a mentorship course** *Diane Tofts, Lecturer in Acute Care, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK* *Co author: Angela Parry*	**9.12.2** **Debates on the 'grounded theory approach'** *Kay de Vries, Research Fellow/ Senior Lecturer, European Institute of Health and Medical Sciences, University of Surrey, Guildford, UK*
9.7.3 **The effect of prior higher education experience on students following an interprofessional curriculum** *Margaret Miers, Reader in Nursing and Social Science, Faculty of Health and Social Care, University of the West of England, Bristol, UK* *Co author: Katherine Pollard*	**9.8.3** **Understanding cancer nurses' assessment practice in the outpatient chemotherapy department: Interpreting cues whilst working in the dark** *Catherine Wilson, Nurse Researcher, Adult Nursing, City University, London, UK* *Co authors: Rosamund Bryar; Anne Lanceley; Jane Maher*	**9.9.3** **Documenting the activities and decision making of registered nurses in an acute Irish health care setting: A pilot study** *Sean Duffy, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin, Ireland* *Co authors: E. Mc Elwain; P.A Scott; A. Matthews*	**9.10.3** **Abstract withdrawn**	**9.11.3** **You're not a nurse then?** *Julie Dickinson, Programme Leader, School of Profesional Health Studies, York St John College, York, UK*	**9.12.3** **Theory generation in grounded theory: Process and challenges** *Moira Attree, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK*

Keynote abstracts

Wednesday 22 March

14.20

Challenges for future nursing research providing evidence for health care practice

Ingalill Rahm Hallberg, RN, PhD, Professor, The Swedish Institute for Health Sciences, Lund University, Sweden

Abstract:
The focus, methods as well as structure, for nursing research has great implications as for if it provides knowledge that is useful in nursing practice and of sufficient power to contribute to the evidence base for nursing care and health care.

This presentation will discuss the kind of research questions commonly raised and their strengths and weaknesses in terms of providing knowledge for practice. It will also address the need for going one step further when it comes to research design, especially the move from emphasis on cross-sectional designs towards research designs that takes the current knowledge base into consideration, translating it into interventions and testing them in research designs that reveals knowledge that can be implemented in health and nursing care. The pressure from the health care system is increasing as for implementation and research about implementation of available knowledge. This calls for discussing how we as nurse researchers structure our research; in program, projects or the like and the need for us to build national as well as international collaborative teams working together on a specific domain.

Some national evaluations of nursing research have indicated that nursing research is fragmented and not aiming for a long-term cumulative knowledge building on a certain topic or domain. To change this, the role of doctoral students and junior researchers needs to be questioned. In addition it raises the issue of forming multidisciplinary teams under the leadership of nurse researchers. In summary the presentation will address and reflect on nurse researchers' role in building knowledge of relevance for the health care system as well as research that has an impact on nursing practice.

Recommended reading:
Nursing and Caring Sciences, Evaluation report, 2003. Publications of the academy of Finland 12/03, Academy of Finland;

Thursday 23 March

09.10

Benchmarking research excellence: A comparative analysis of nursing and other disciplines

Veronica James, Professor of Nursing Studies, School of Nursing, Nottingham University, Nottingham, UK and Professor Dame Jill Macleod Clark, Head of School and Deputy Dean of the Faculty of Medicine, Health and Life Sciences, University of Southampton, Southampton, UK

Abstract:
The Research Assessment Exercise shapes and dominates academic and clinical academic nursing in the UK as it does all other academic and practice related subjects. With governments, internationally, demanding value for money for research funding in higher education institutions, similar systems are being introduced in countries including Australia, New Zealand and Hong Kong.

In this paper it is argued that it is in the interests of nursing (and allied health professions) to understand the assessment system in order to engage, use and critique it appropriately in individual, institutional and disciplinary terms. In order to address this understanding the paper is presented in four sections: the first briefly outlines why research assessment exercises take place; and the second section uses international academic and gray literatures to consider the metrics (measures) used, with particular interest in how 'international excellence' is applied and counted. The third uses tables to present 2001 RAE data from which to compare and contrast different UK disciplines in terms of overall disciplinary outcomes. Attention is also paid to the language that was used to set the parameters for a range of units of assessment, selecting education, social work, psychology and history to capture differences in practice/non-practice disciplines, and how 'international excellence' is framed where the subject may, of necessity, be country or even locality specific, as happens with history.

The final section considers the lessons to be learned for nurses and midwives as a practice based, but cognate discipline inclusive unit, using the difference between outputs and outcomes as a critical framework.

Recommended reading:
McKay, S. (2003) Quantifying quality:can quantitative data ("metrics") explain the 2001 RAE ratings for social policy and social administration', Social Policy and Administration, 37, 5, 444-467

Wooding, S and Grant, J (2003) 'Assessing research: the researchers view', RAND Europe for HEFCE

Friday 24 March

14.20

Plenary 4: Nursing research: Odds on favourite or dodgy bet?

Professor Nicky Cullum, Department of Health Sciences, University of York, York, UK

Abstract:
The aim of this paper is to explore some aspects of the evolution of nursing research and make some predictions for the future.

The International Council of Nurses defines nursing research as "...systematic enquiry that seeks to add new nursing knowledge to benefit patients, families and communities ... encompasses all aspects of health that are of interest to nursing...applies the scientific approach in an effort to gain knowledge, answer questions, or solve problems." I intend to explore the extent to which nursing research is addressing questions that are of importance to its essential constituencies; patients, families, communities and practising nurses. If part of the nursing research agenda is to address real clinical uncertainties, to what extent have we succeeded? I will present and discuss key findings from a programme of work analysing nurse decision making, part of which identified common uncertainties amenable to research, and then compare these findings with data describing published and ongoing nursing research.

Incremental testing and development of knowledge is a cornerstone of the scientific method: hypotheses and theory by definition can only emerge from that which has gone before, so to what extent does nursing research truly develop and refine its own knowledge base? I will be looking back at some groundbreaking nursing research and examining the extent to which we have built on what has gone before. The paper will end with some suggestions for how nursing research can improve its chances of success and how we might measure its progress.

Recommended reading:
Thompson C, Cullum N, McCaughan D, Sheldon TA, and Raynor P. Nurses, information use, and clinical decision making - the real world potential for evidence-based decisions in nursing. Evidence-Based Nursing 7 (3):68-72, 2004.

McCaughan D. What decisions do nurses make? In: Clinical Decision Making and Judgement in Nursing, edited by Thompson C and Dowding D, Churchill Livingstone, 2002, p. 95-108.

Rafferty AM, Traynor M. Exemplary Research for Nursing and Midwifery. Taylor & Francis, 2002.

Intended learning outcomes:
By the end of this presentation and associated reading, participants will

- begin to think about the extent to which nursing research addresses questions that matter to nurses, patients, their families and communities.
- understand some of the ways in which nursing research can be described and analysed over time
- be able to identify some strategies that will assist the further development of nursing research into a mature and rigorous discipline.

Posters

Theme: Prevention:

1

Knowledge and use of contraceptives methods by Latin-Americans inmigrants that have reicered treatment in the primary health care centre in Madrid, Spain

Dania Rocio Diaz Rodriguez, Staff Nurse Hospital de Fuenlabrada, Madrid Spain., Consultas Externas, Hospital De Fuenlabrada, Fuenlabrada, Spain

Co authors: Susana Laguna-Castro & Carmen Gimeno-Galindo

Abstract:

Objectives

1. To describe the social demographic profile of the Latin-American immigrants who have been treated on the primary health care centre.

2. Establish the knowledge about contraceptive methods and know the use of contraceptives methods

Methodology

Transversal descriptive study, in which a sample of 98 inmigrants mised sex inmigrant have been included. Data was collected in March of 2003 with an anonymous opinion poll and filled up by themselves while they were waiting to be assisted. Some variables were analyzed as: age, sex, birth country, number of children, use and knowledge of contraceptives methods, visits to the gynaecologist and pregnancy in Spain.

Results

98 immigrants had been inquiried. The medium age is 31,26 (SD:8,46). 81,6% are women; 71,4% borned in Ecuador. The 80% had a residency in Spain less than 2 years. 34% didn't have children, 52% 1 or 2 children. The 88,8 knows any contraceptive method and 52% use one of them.; the most used are: UID (16,3%), condom (14,3%) The women included in the study: 51,2% have visited the gynaecologist in Spain; the reason to visit the specialist are: medical checking, citology (17,1%), family planning (7,1%), menstrual irregularites and infections (7,3%). The 35% of women have been any time pregnant in Spain.

Discussion

The inmigrant who visit the Medical centre, are in mayority women who come from Ecuador and have a middle age around 31 years old. More than a half have children. The majority knows any contraceptive method and only 52% use it, the favourites are the UID and the condom. However is necessary to know the reasons of why is not generalized the use of this methods This study is a small part of their personal situation. We have to consider the importancy of extending and profounding in this for broaching the situation more efectivetly.

Recommended reading:

Serrano, Isabel.(2001). "Mujeres inmigrantes y salud reproductiva"En: Daphne, Boletín Informativo sobre la salud de la Mujer. Nº 1, 2001

Sanz, B, et al. (2004). "Uso de los servicios sanitarios de las mujeres inmigrantes de la Comunidad de Madrid" En: Metas de Enfermería. Feb 2004; 7 (1): 26-32.

Federación de Planificación Familiar (2003). "Sexualidad y Reproducción en distintos contextos culturales" II Ciclo de Formación de la FPF. Año 2003.

2

Psycho-social state of stroke patients participating in a health education programme: a mixed methods approach

Hui-Man Huang, Associate Professor in Nursing, Nursing, Tajen University, PingTung, Taiwan.

Email: TEL9222662@hotmail.com

Co authors: Brendan McCormacK & W George Kernohan

Abstract:

Background:

Stroke is one of the major causes of disability and death among older people. Health education is widely accepted as beneficial. Health education is an important aspect of stroke patient care and is an integral part of the nurse's responsibility. Nurses' implementation of educational programmes has implications for the quality of patient care. To date, little research has been undertaken to explore the contribution of health education to the psycho-social status of stroke patients.

Aims:

A health education programme was implemented for stroke inpatients in order to explore the programme's benefits and develop an understanding of changes in psycho-social state among patients.

Method:

A pre and post-test design with mixed methods approach was used. Questionnaires were distributed to hospitalised patients before and after the education programme. Knowledge of stroke, psycho-social state, and power as knowing-participation in change were measured using Barrett's power theory. A total of 40 stroke patients participated in the health education programme and completed questionnaires. Fourteen patients were recruited from the group and were interviewed using semi-structured interviews on two occasions.

Findings:

Social support, power and family support were the major predicting factors of self-confidence and accounted for 50% of the variance. Power and social support were two significant factors in predicting depression and accounted for 38% of the variance. Following health education, the changes in knowledge of stroke, psycho-social state, and power among patients between the baseline and final evaluation were significantly increased. The central phenomena that emerged from interviews was 'psycho-social adaptation through having power recharged'.

Conclusion:

The findings support the conceptualisation of psycho-social adaptation of stroke patients based on Barrett's power theory. Supportive educative interventions can help stroke patients with psycho-social adaptation processes. Nurses could use the health education programme as a strategy to promote power and psycho-social adaptation.

Recommended reading:

Barton J., Miller A., & Chanter J. (2002) Emotional adjustment to stroke: a group therapeutic approach. Nursing Times, 98(23), 33-35.

Yoon S.S., & Byles J. (2002) Perception of stroke in the general public and patients with stroke: a qualitative study. British Medical Journal 324, 1065.

Huang H.M., Chen Y.M., Su C.Y., Shiau M.Y., & Yuan H.S. (2001) The effects of cognitive education on the bio-psycho-social status of stroke patients. Public Health Quarterly 28(2), 161-175. (in Taiwan)

3

Primary prevention for coronary heart disease

Martha Wrigley, Cardiac Research Co-ordinator, School of Health Professions and Rehabilitation Sciences, University of Southampton, Southampton, UK

Co authors: Sian Maslin-Prothero & Graham Watkinson

Abstract:

This paper is based on research on a Primary Prevention Study for Coronary Heart Disease (CHD). CHD is the leading cause of death throughout the World (Benjamin et al., 2002); in the UK 1:5 men and 1:6 women die from CHD per year (Petersen et al., 2004). First degree relatives of the patient are themselves at increased risk for developing overt CHD (DOH 2000). The research has two aims; firstly to understand the experience of individuals when their parent or sibling is diagnosed with heart disease; secondly to develop and evaluate a primary prevention health promotion programme for these people. A case study approach has been used to recruit the 28 participants into the study, which is now in its follow-up stage. This paper will draw on the findings from the first phase of the study.

This study has established, developed and evaluated a nurse-led and doctor supported primary prevention programme involving identification, lifestyle assessment, education and support for these vulnerable individuals. The findings from this work wll be used to show how and why primary prevention can, or cannot, be shown to be effective, within this context for reducing the CHD risk profile for these people and the role that nurses can play in this process. The presentation will provide an outline of the study, its aims, methods and why primary prevention for CHD is important. It will show how a nursing initiative of this kind can play a central role in the continuing health of these people. Key details and findings of the baseline data will be included. Questions and comments from the audience wil be encouraged.

Recommended reading:

Benjamin, E. J., Smith, S.C., Cooper, R. S., Hill, M. N., & Luepker, R. 2002, "33rd Bethesda Conference. Task Force # 1 Magnitude of the Prevention Problem: Opportunities and Challenges", Journal of the American College of Cardiology, vol. 40, no. 4, pp.

Department of Health 2000, National Service Framework for Coronary Heart Disease, Department of Health.

Petersen, S., Peto, V., & Rayner, M. 2004, "2004 Coronary heart disease statistics," British Heart Foundation

4

Changing lifestyle behaviours - patient perspectivness on an information booklet

Claire Leathem, Senior Research Nurse, General Practice, Queen's University of Belfast, Belfast, UK.

Email: c.leathem@qub.ac.uk

Co author: Mary Byrne

Abstract:

Background

Written lifestyle health information is extensively used to heighten awareness in order to bring about change in patient beliefs and attitudes and to facilitate them to embrace and maintain healthier lifestyle choices. Evaluating patient perspectives on the effectiveness and relevance of such resources can help our understanding of the connection between health education literature and its influence on a patient's ability to make healthier lifestyle choices and to identify strategies which may lead to greater health gains.

Aims

In this study qualitative methods were used to explore patients' attitudes to an information booklet designed to help patients with Coronary Heart Disease to make informed choices about their lifestyle. Focus groups were conducted with 23 CHD patients on the effectiveness of an information booklet, designed to help patients make informed choices about their lifestyle.

Methods

Four general practices were purposively selected — two rural and two urban in Northern Ireland and the Republic of Ireland. In each practice ten patients with existing coronary heart disease were randomly selected for invitation to a focus group. The primary questions used related to the content of the information, the perceived usefulness of it and the format of presentation.

Results

Participants (N=23) emphasised the value of clear and simple information contained in one booklet rather than multiple leaflets; inclusion of information on stress, medication, and community support; use of large font size, colour, charts and pictures; and other positive features. They disliked filling in the self-monitoring forms and expressed the need for more space to record cholesterol/BP/weight readings.

Conclusion

The qualitative methodology used enabled an in-depth exploration of patient perspectives on an information booklet designed to facilitate lifestyle changes. This study has implications for nursing practice by assisting in the decision-making process regarding the format of health promotion literature provided for patients

Recommended reading:

Bull,F.C.,Holt,C.L.,Kreuter,M.W.,Clark,E.M and Scharff,D (2001)Understanding the effects of printed health education materials: which features lead to which outcomes? Journal of Health Communication, 6(3), pp. 265-279.

Croghan, E (2005) Assessing motivation and readiness to alter lifestyle behaviour. Nursing Standard.19, 31, pp.50-52.

Dixon-Woods, M. (2001) Writing Wrongs? An Analysis of Published Discourses about the Use of Patient Information Leaflets. Social Science & Medicine, 52, pp. 1417-1432

Source of funding:

Heath Research Board (HRB)

Theme: Community

5

What makes a good 'first-contact' nurse in primary care? A national study of professional perspectives

Kate Bonsall, Research Fellow, School of Healthcare Studies, University of Leeds, Leeds, UK

Co authors: Francine Cheater & Jill Edwards

Abstract:

Background:

Expansion of nursing roles is one policy response to increasing service demands and national targets for fast and convenient access to quality provision in the NHS (1, 2). Nurses in primary care are in the vanguard of new developments in 'first contact' services. This radical reorientation of frontline primary care nursing is underway in the absence of any systematic in-depth evidence on what constitutes good 'first contact' nursing from the perspective of nurses, GPs and practice managers.

Aim:

To provide new evidence on how practitioners define and experience good 'first contact' nursing in relation to minor illness, preventative care and chronic illness management in general practice settings.

Methods:

For this Department of Health funded study an in-depth examination has been conducted of first contact consultations across 20 practices in 10 PCTs involving telephone interviews with patients, nurses, GPs and practice managers. The topics covered included working relationships within the practice, challenges faced by nurses, and the perception and acceptance of advanced and extended nursing roles. Interviews were transcribed and coded for recurring themes.

Results:

Preliminary findings suggest that advanced nursing roles are met with a range of responses from practitioners and this affects nurses' career intentions.

Discussion:

The preliminary results of analysed nurse, GP and practice manager interviews will be presented and methods considered. The implications of the findings in relation to current policy for modernising the NHS will be discussed.

Conclusion:

The results of this study will provide timely evidence about how good first contact nursing can be identified and developed in general practice settings to inform national standards designed to meet the changing needs of patients, practitioners, policy customers and the NHS. In addition, the results will provide detailed information concerning how such service and workforce redesign enables nurses to realise and fulfil their potential and career aspirations.

Recommended reading:

Department of Health. Making a Difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare, 1999.

Department of Health. The NHS Plan. A plan for investment. A plan for reform. 2000

Source of funding:

Department of Health

6

What makes a 'good' first contact nurse in primary care? The patients' perspective.

Jill Edwards, Research Fellow, School of Healthcare, University of Leeds, Leeds, UK

Co authors: Francine Cheater & Kate Bonsall

Abstract:

Background:

The expansion of nurse led services is part of radical changes to the way primary care is delivered. They represent a policy response to growing demands for convenient and quick access to high quality services in primary care (DOH, 2000).

Aims:

The aims of this Department of Health funded project are to provide evidence on how patients and practitioners experience and define 'good' first contact nursing services in relation to chronic illness, health promotion and minor illness services in primary care. The aim of the second phase of the study is to elicit practitioner and patient views and experiences of these services.

Methods:

Phase one of this study involved a quantitative survey of all primary care trusts (PCTs) and phase two comprises of qualitative telephone interviews with practitioners and 200 patient interviews. Analysis is being undertaken using the computer package Nvivo and is adopting a coding frame approach. This paper will concentrate on the finding of the patient interviews.

Results:

To date over 110 interviews have been completed with patients recruited in GP practices in 10 PCTs and preliminary finding indicate that patients value nurse led services. They are seen as providing quicker access to treatment and advice for minor complaints and thorough continuous care for the management of chronic conditions.

Discussion:

Nurse led services represent a central part of the government policy to deliver high quality care and utilise the skills of nurses (DOH, 2003). Against a background of user involvement, the patients' perspective is of paramount importance in delivery of these services.

Conclusion:

This study will provide evidence for the first time of what practitioners and patients think to and how they experience these services.

Recommended reading:

Department of Health (2000), The NHS Plan: a plan for investment, a plan for reform.

Department of Health (2003), Liberating the Talents: Helping Primary Care Trusts and nurses to deliver The NHS Plan.

Source of funding:

Department of Health

7

A case study of the evaluation of the effectiveness of three different models of care in primary health care settings: Balancing complexity with scientific rigour

Sheila Twinn, Professor, Department of Nursing, The Chinese University of Hong Kong, Shatin, Hong Kong.

Email: sftwinn@unhk.edu.hk

Co authors: David R. Thompson & Albert Lee

Abstract:

Chronic disease is a major cause of morbidity amongst patients accessing primary care settings in Hong Kong making great demands on service provision and physician time. Research demonstrates the effectiveness of models of primary care in which advanced practice nurses provide care for patients requiring 'same day service'. Little research is available, however, about the effectiveness of this approach to care with patients with chronic diseases such as diabetes mellitus and hypertension.

The aims of this study are to evaluate the effectiveness of three different models of health care delivery in the primary care setting including a model in which patient care is provided by an advanced practice nurse for patients with either hypertension or type 2 diabetes mellitus. Effectiveness of care includes patient outcome measures (health status, compliance with medication, patient satisfaction and physiological measures), perceptions of the process of care as well as cost effectiveness and health care utilization.

A multiple case study design has been selected as it allows the explanation of presumed causal links in real life interventions which are frequently too complex for the use of experimental designs (Yin 2003). Multiple methods of data collection include a questionnaire to measure patient outcomes at three points in time (baseline, six and twelve months), observations and semi-structured interviews. Three methodological issues arose during baseline data collection challenging the scientific rigour of the study.

The first of these was that of the inclusion criteria for patient recruitment and the implications of such criteria for the required sample size. The second issue was that of the management of patient care and measuring patient outcomes and finally meeting the requirements of the funding body and the effect on measurement of patient outcomes.

This paper focuses on the implications of these issues in balancing the complexity of case study research with the demands of scientific rigour.

Recommended reading:

Yin, RK (2003) Case study research design and methods (3rd edtition) Thousand Oaks Sage Publications

Source of funding:

The Chinese University of Hong Kong

8

"I'm not like the rest of them" – a qualitative study examining the unique experience and quality of life of injecting drug users who have venous leg ulcers

Simon Palfreyman, Research Nurse, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK.

Email: simon.palfreyman@sth.nhs.uk

Co authors: Darlene Tomlinson, Brenda King &Angela Tod

Abstract:

Background:

Venous leg ulcers occur predominantly in the elderly population and can have a profound impact on quality of life (Anand et al. 2003). A growing sub-group of patients with venous ulcers are intravenous drug users (Pieper 2001). There is a lack of research examining how leg ulcers impact on this group and what differences exist between this group and the general population with venous leg ulcers.

Aims:

To explore both quality of life in patients with venous leg ulcers and differences between ex-intravenous drug users and the general population with leg ulcers.

Methods:

Qualitative methodology using semi-structured interviews of 16 patients attending community leg ulcer clinics. The interviews were transcribed and entered into NVIVO. The text was analysed using Framework Analysis (Ritchie & Spencer 1994) to identify key themes and issues.

Results:

The themes identified focused on the social and emotional impact of leg ulcers in addition to the physical symptoms. Both groups of patients reported adverse impacts on quality of life in terms of isolation, opportunities and relationships; but differed in terms of perceived impact. The main physical symptom experienced was pain. However, the two groups reported different characteristics of their pain. Ex-iv drug users reported pain of "crippling" intensity compared to the typical group.

Discussion:

Both groups reported a significant impact on their quality of life. The impact of a venous leg ulcer may be more profound on young suffers. It affects their potential to form relationships and their employment prospects.

Conclusions:

Venous leg ulcers clearly impact on quality of life. Further research is needed to increase understanding of the health needs of young drug users with leg ulcers We propose to present the detailed results of the study and suggest ways nurses can incorporate these into their care of this group of patients.

Recommended reading:

Anand, S. C., Dean, C., Nettleton, R., & Praburaj, D., V 2003, "Health-related quality of life tools for venous-ulcerated patients", British Journal of Nursing, vol. 12, no. 1, p. 48

Pieper, B. & Templin, T. 2001, "Chronic venous insufficiency in persons with a history of injection drug use", Research in Nursing Health, vol. 24, no. 5, pp. 423-432.

Ritchie, J. & Spencer, L. 1994, "Qualitative data analysis for applied policy research," in Analyzing Qualitative Data, A. Bryman & R. G. Burgess, eds., Routledge, London, pp. 173-194

Source of funding:

Smith and Nephew Foundation Doctoral Studentship

9

Transport methods used by people travelling to a post-stroke community group

Veronica Smith, Transport Research Coordinator, Community Services, Chest, Heart & Stroke Scotland, Edinburgh, UK

Abstract:

Background:

Secondary preventative measures to avert a stroke extension are available through community services, offering rehabilitation following a stroke. Accessibility to groups can be inhibited by inadequate transport provision, Scottish Executive (2000b), this has been reflected in reduced attendance patterns recorded in groups.

Aims:

- Map methods of transport currently used by group members.
- Highlight improvements required in current service provision.

Methods:

One urban area with 22 groups was chosen to examine transportation used. Group coordinators were telephoned for permission to approach the members. Members were verbally invited to take part (285 in total) this was reinforced with an information sheet. A questionnaire (targeting seven quantitative and three qualitative responses) was piloted in one group. One week later participants consented to completing questionnaires providing information about transport methods; this was done in a face-to-face situation.

Results:

82% of coordinators and 90% of members participated. The majority (95%) of respondents use some form of transport to attend. Of those using transport 57% cited group bus as their preferred method. The stroke group represented the only group attendance for most respondents (75%). 73% of respondents only access their group with the assistance of a volunteer/carer.

Discussion:

The independence enabling stroke survivors to attend groups is supported by good transport provision and volunteer/carers. To maximise attendance, knowledge of availability and a structured approach to provision is invaluable. The utilisation of volunteer/carers to aid attendance at groups is imperative. To achieve this, training which promotes best practice and gives positive value and individual development to the volunteer/carers is inestimable

Conclusion:

A clear policy on transport provision should be developed. Group coordinators should review local transport provision periodically. A recognised programme of passenger assistant training is required.

Recommended reading:

Scottish Executive (2000b), The role of Transport in Social Exclusion in Urban Scotland.www.scotland.gov.uk/cru/resfinds/drf110-00asp (Accessed 16 August, 2004)

Source of funding:

Big Lottery

10

Improving the retention of women over the age of fifty, in the primary and community nursing workforce

Claire Storey, Research Fellow, Centre for Research in Primary Care, University of Leeds, Leeds, UK

Co authors: Jackie Ford, Francine Cheater, Nanacy Harding, Jim Buchan & Keith Hurst, Brenda Leese

Abstract:

Background:
With an ageing nursing workforce, a trend toward early retirement and evidence of retention difficulties amongst older nursing staff, it is important to understand what motivates older nurses if the Government is to achieve the plan of reform set out in the NHS Plan (2000). However, little is known about the factors that might encourage older nurses in primary care to leave the NHS, or, indeed to retire early. Research has tended to focus on nurses in the NHS as a whole and less attention has been paid to age or speciality.

Aims:
The study will explore the factors that influence retention of older nurses in primary care and support policy development in this area.

Methodology:
A postal survey was conducted within four primary care trusts (PCTs), in England. Questionnaires were sent to all district nurses, health visitors, practice nurses and school nurses. This report represents one stage of an ongoing research project.

Results:
Differences between specialities were found for levels of job satisfaction and the ability to combine work and family commitments. Increased workload, staff shortages, inflexible hours, low morale, ageism and pace of NHS changes all appeared to influence nurses' decisions to leave, although half of respondents felt that more patient contact and pay would influence them to stay longer. Only half of nurses surveyed over the age of fifty were aware of flexible retirement options.

Discussion:
Results suggest that nursing groups should be considered independently. The influence of ageism in the NHS needs to be further explored. Further information about nurses' work related options is required for nurses approaching retirement.

Conclusions:
Factors influencing retention of nurses within Primary care need to be incorporated into PCT planning and development.

Recommended reading:

Department of Health (2004) Non-Medical Workforce Census

Department of Health (2000) The NHS Plan: A plan for reform: London: The Stationary Office.

Source of funding:

Department of Health

Theme: Gastrointestinal nursing care

11

Colonic irrigation in the management of functional bowel disorders: a literature review

Elaine Stringer, Nurse lecturer, Acute and Critical Care, University of Sheffield, Sheffield, UK

Email: e.w.stringer@sheffield.ac.uk

Co authors: Angela Tod & Jill Dean, Carol Levery

Abstract:

Aim:
To critique of the literature, regarding colonic irrigation as a bowel management option for patients with chronic bowel dysfunction.

Background:
The management of faecal incontinence and constipation is not well understood (Richmond and Devlin 2003). People with chronic bowel dysfunction can experience distressing psychological and physical symptoms, which can seriously impact upon their quality of life. Colonic irrigation is an alternative, nurse led option, to major surgery for patients with these disorders.

Method:
A systematic review of the literature was conducted using BIOSIS, AHMED, CINAHL, MEDLINE, and Web of Knowledge, resulting in the identification of 8 relevant articles.

Findings:
The incidence, gravity and impact of functional bowel disorders is difficult to estimate from the articles. This is due to the individual nature of defaecation, variety of symptoms, and the inconsistency in the use of terms. There are several variations in the teaching of the procedure, which could impact upon the patient's willingness to comply in the long term. The sample sizes are generally small and there is no consistency regarding the medical conditions and histories. Variations in outcomes and data collection methods compound problems with the validity and reliability of the outcome measurement. None of the studies identify if there is a correlation between participant characteristics and their continuation or discontinuation of colonic irrigation. The studies fail to demonstrate who benefits from using colonic irrigation or why participants continue or discontinue usage.

Conclusion:
Colonic irrigation has great potential to help patient with chronic functional bowel disease. There is no evidence of a systematic planned programme of research to investigate and understand the patient's experience. This is crucial to evaluate and further develop services to meet their needs.

Recommended reading:

Richmond, J.P. and Devlin, R. (2003) Nurses Knowledge of Prevention and Management of Constipation, British Journal of Nursing, vol 12, no.10, pp 600-609

Source of funding:

Sheffield Teaching Hospitals Foundation Trust

12

Measuring generic health related quality of life in irritable bowel syndrome

Graeme Smith, Lecturer /Nurse Specialist, Nursing Studies, University of Edinburgh, Edinburgh, UK.

Email: Graeme.Smith@ed.ac.uk

Co author: Kay Penny

Abstract:

Introduction / Background:
Irritable bowel syndrome (IBS) is one of the most common GI disorders in medical practice. Health related quality of life (HRQoL) is impaired in patients suffering from irritable bowel syndrome (IBS), but measurement of this remains poorly quantified and little is known about the health related quality of life (HRQoL) in community-based individuals with IBS (Smith et al 2004).

The aim of this study was to quantify the impact of IBS on HRQoL in primary care using a validated generic health status measurement tool in comparison to normative general population values (Jenkinson et al 1993).

Aim:
In this study we have defined the impact of IBS upon health related quality of life in a cohort of community based individuals with IBS. To examine the applicability of generic health status measures in gastroenterology.

Methods:
A self-selected group of 403 subjects (85% female, 42.1 median age) with established IBS (confirmed by Rome II criteria) were recruited via a national newspaper campaign. Individuals completed a SF-36 generic HRQoL measurement tool, which provided an eight scale profile of functional health and well-being scores.

Results:
Mean SF-36 scores suggest that IBS has a detrimental impact upon HRQoL in comparison to normative population scores. In particular, individuals scored poorly in specific dimensions related to vitality, bodily pain, social functioning, emotional and mental health. There were no significant age or gender differences in the scores.

Summary / Conclusion:
The impact of IBS upon HRQoL greatly underestimated. The SF-36 provides valuable and simply administered tool to detect potential problems. These screening tools may facilitate the recognition of previously undetected non-intestinal manifestations of the condition.

Recommended reading:

Lea R & Whorwell PJ (2003) Quality of life in irritable bowel syndrome. Pharmacoeconomics;19 (6): 643-653.

Smith G D, Steinke DT, Kinnear M, Penny KI & Penman I D (2004) A comparison of irritable Bowel Syndrome (IBS) patients managed in primary and secondary care: The Episode IBS Study. British Journal of General Practice 54, 503-507.

Jenkinson C, Coulter A & Wright (1993) The SF-36 health survey questionnaire: normative data from a large sample of working age adults. British Medical Journal 306; 1411-14.

13

The lived experience during an upper gastrointestinal endoscopy

Mónica Granados-Martín, Registered Nurse, Consultas Externas, Hospital de Fuenlabrada, Fuenlabrada, Spain

Co author: Dania-Rocio Diaz-Rodriguez

Abstract:

Introduction:

Upper Gastrointestinal Endoscopy (UGE) is a performed diagnostic and therapeutical procedure of the oesophagus, stomach and duodenum. It is viewed by the medical community as routine medical practice, but is often seen by the patient as invasive (ref 1,2). The studies developed about levels of anxiety in these patients have highlighted that it is difficult in swallowing and duration that influence the tolerance of UGE, and whether or not it is their first UGE, age, apprehension, anxiety level or previous tolerance (ref 2,3) The aim of this study is to assess the various experiences of patients undergoing UGE.

Methods:

A cross-sectional design was used applying an output questionnaire. The data were collected in a data base specifically designed for this study and were analyzed by SPSS 10.0.

Results:

228 patients were enrolled but 26 did not complete the questionnaire and were discounted from the study. The average age was 44'6 ± 15 and the majority of patients were women, 56'4% (114). The experience was declared as regular or bad by 48% of patients, and good by 52%. Discomforts suffered during procedure were as follows: intubation (48'5%), in stomach (18'3%), in pylorus (7'4%), removal (5%), no discomfort (7.9%). The use of saliva ejector did not produce any nuisance for the 97'5%. For the environment (hygiene standards, equipment...) the results were: no satisfied 1%, indifferent 2'5%, satisfied 96'5%; waiting time: no satisfied 5%, indifferent 7'9%, satisfied 87'1%; perception of staff qualification: unsatisfied 0'5%, indifferent 0'5%, satisfied 99%.

Discussion:

Patients studied reported an experience that varied from very bad and bad (near to 29'6%), indifferent (18'8%) to good (52%). Concerning to the results, it was shown that nursing cares should focus more on advising patients about the most uncomfortable moments and sensations during the procedure, and how patients can minimize discomforts by using breathing techniques.

Recommended reading:

Arribas Espada JL. "Capítulo 76. Valoración en el paciente con alteraciones digestivas" en Enfermería Medicoquirúrgica. DAE, 2001. Madrid, 1ª ed.

Jones MP, Ebert CC, Sivan T, Spanier J, Bonsal A et al. Patient Anxiety and elective Gastrointestinal Endoscopy. J Clin Gastroenterol. volume 38, Number 1, Jan 2004

Trevisani L, Sartori S, Putinati S, Gaudemi P, Chiamenti CM et al. Valutazione del livelli di ansia in pazienti sottoposti ad endoscopia diagnostica. Recenti Progressi in Medicina. Vol 93, nº 4 Aprile 2002. 240-243

14

Nurses', dietitians', patients' and carers' perceptions of home percutaneous endoscopic gastrostomy (PEG) feeding in adults

Ailsa Brotherton, Senior Research Fellow, Department of Nursing, University of Central Lancashire, Preston, UK.

Email: ambrotherton@uclan.ac.uk

Co authors: Janice Abbott & Peter Aggett

Abstract:

Background:

The provision of Home Enteral Tube Feeding (HETF) for adults in the U.K. continues to increase (Elia, Russell, Stratton et al, 2001). During 2002, Gastrostomy feeding was the most common route of feeding for new patient registrations on the British Artificial Nutrition Survey (Glencourse, 2003). Health care professionals have significant, distinctive roles in selecting patients for PEG insertion, provision of information and provision of aftercare.

Aim:

This study explored the perceptions of nurses, dietitians, patients and their carers regarding home PEG feeding in adults.

Methods:

A cross sectional mixed-method study employing purposive sampling was carried out. Semi-structured interviews were undertaken with 15 adult patients and 19 carers of adults receiving HETF via a PEG. A comparable questionnaire was distributed to 28 nurses and 28 dietitians.

Results:

The responses from patients and carers, nurses and dietitians demonstrated a high level of disagreement regarding involvement in decision-making for PEG insertion and the sufficiency of information provided. In contrast, high levels of agreement between all groups existed concerning the appropriateness of feeding regimens and success of feeding. Diverse responses were recorded when participants were directly questioned about the acceptability of the patients' Quality of Life. Eighty percent of patients and 78% of nurses reported the patient had an acceptable Quality of Life compared to 50% of dietitans and 37% of carers.

Discussion and conclusions:

These results demonstrate the wide range of discrepancies in the perceptions of patients, carers, nurses and dietitians regarding the impact of HETF via a PEG. The results support the argument that patients require increased involvement in decision-making and provision of appropriate information. An important issue this raises for clinical practice is the need to evaluate the impact of PEG feeding objectively.

Recommended reading:

Elia ME, Rossell CA, Stratton RJ, Holden CE et al. In: Elia M, Russell C, Stratton R (eds) Trends in Home Artificial Nutrition Support in the UK during 1996-2000. A report by the British Artificial Nutrition Survey (BANS), London. British Association Pare

Glencorse C, Meadows N, Holden C et al. Trends in Artificial Nutrition Support in the U.K. between 1996 and 2002. A report by the British Artificial Nutrition Survey (BANS). A committee of the British Association for Parenteral and Enteral Nutrition. 200

Source of funding:
Seedcorn funding

15

Factors associated to patient tolerance during upper gastrointestinal endoscopy

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Co author: Monica Granados-Martin

Abstract:

Introduction:

The patient's tolerance during Upper Gastrointestinal Endoscopy (UGE) is their ability to undergo the procedure without suffering. The aim of this study is to determine the patient's tolerance to UGE and to escribe the associated factors.

Methods:

A cross-sectional study was carried out on a sample of 202 patients. The study was carried in 2004. Data were collected by a phone survey the day following the UGE. Age, gender, studies level, laboral status, time during exploration, anaesthesia presence, biopsies, waiting time and their relation to tolerance were subjected to a multivariant analysis. The statistical analysis was interpreted by the SPSS10 program.

Results:

Of the 202 patients 56'4% were women. The average age was 44'6 years (DS:15'1). 59'4% worked and 23'5% were housewives. 49'5% of them had completed primarios estudies, while 10'4% had left school without qualifications. Tolerance was optimal (good) in 54'5% of patients, and suboptimal (regular, bad) in 45'5%. 17% waited more than 30 minutes before procedure. 99% were administrated topic anaesthesia. The average duration of procedure was 4 min 33 sec (DS:2'). 67'6% had not undergone a gastroscopy previously. Age, waiting time and biopsies were the only associated factors ($p \leq 0{,}05$) to patient's tolerance.

Discussion:

UGE is one of the most commonly used and demanding procedures in digestive pathology. While is not painful, it is uncomfortable and can carry risks. Optimum patient tolerance makes the procedure easier, reduces time of procedure and helps in well-being/comfort of patient. Our data suggest that is associated to age, waiting time and biopsies. We believe that some aspects of our practice (waiting time, biopsies) could be modified to improve patient's tolerance; as regards the age of the patient, we should take steps to reduce anxiety in younger patients to improve tolerance to the procedure.

Recommended reading:

Ciriza C, et al.(2001). "Sedation for gastrointestinal endoscopy. Analysis of tolernace and complications" En: Revista Española de Enfermedades Digestivas. 2001. Septiembre (9): 587-97.

Soma Y, et al. (2001) "Evaluation of topical pharyngeal anestesia for upper endocopy including factors associated with patient tolerance" En: Gastrointestinal Endoscopy. 2001 Jan –53 (1): 130-3

Van Vliet, Marjolein J, et al.(2004) "Preparing patients for gastrointestinal endoscopy: the influence of information in medical situations" En: Patien Education and Counseling. Vol 52, Issue 2, January 2004, pages 23-30

Theme: Midwifery

16

Effects of music therapy on birth outcomes

Mei-Yueh Chang, Lecturer, department of nursing, National Tainan Institute of Nursing, Tainan, Taiwan.

Co authors: Chung-Hey Chen & Kuo-Feng Huang

Abstract:

Background:
Pregnancy is a time of great physical and emotional changes for a woman, which may result in increasing stress and anxiety and can influence pregnancy outcomes. The value of music therapy is slowly being realized by nurses as an important part of prenatal care.

Aim:
The aim of this study was to investigate the prospective association between psychological measures of stress, anxiety during pregnancy and birth outcomes when treated with two-week music therapy.

Method:
Two hundred and fourteen women were involved in the study. Pregnant women between 20 to 40 years old were recruited from a medical center in southern Taiwan for participation. They were randomly assigned to music therapy (n = 103) and control (n = 111) groups. The music therapy group received two weeks music intervention, and the control group received general prenatal care only. Psychological health was assessed using the Perceived Stress Scale (PSS) and the State Anxiety Inventory (STAI). Subsequent birth outcome parameters of birth weight and gestational age were obtained for prospective analysis.

Results:
The music therapy group showed significant decrease in PSS (t= 5.49, p<0.001) and STAI (t= 2.60, p=0.011) after 2 weeks, while the control group only showed a significant decrease in PSS (t= 2.30, p=0.024) after two weeks which was not as great as in experimental group. There were no significant difference between groups on birth weight (t= -0.899, p= 0.37) and gestational age (t= -0.688, p= 0.492). Discussion: This controlled trial provides evidence that music therapy during pregnancy provides short-term and quantifiable psychological benefits but can not show a long-term effect on birth outcomes.

Conclusions:
Music therapy significantly lowered women's levels of stress and anxiety during pregnancy. In a long term perspective, treated with two-week music therapy appeared to be unrelated to low birth weight or preterm delivery.

Recommended reading:

Van den Bergh, B., Mulder, E., Mennes, M. & Glover, V. (2005) Antenatal maternal anxiety and stress and the neurobehavioural development of the fetus and child: Links and possible mechanisms. A review. Neuroscience and Biobehavioral Reviews, 29(2), p.237-

Ip, Y. W. (2000) Relationships between partner's support during labour and maternal outcomes. Journal of Clinical Nursing, 9(2), p.265-272.

Olson, S. L. (1998) Bedside musical care: Applications in pregnancy, childbirth, and neonatal care. Journal of Obstetric, Gynecologic, and Neonatal Nursing, 27(5), p.569-575.

Source of funding:
NSC 91-2314-13-037-253 from the National Science Council, Taipei, Taiwan

17

Labour progress following abnormal smear treatment: A pilot project

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Abstract:

Introduction:
The current dominant procedure for treatment of abnormal smears of the cervix is loop wire excision. First stage of labour is where the cervix softens, thins and dilates. Does treatment impact upon progress in this stage; can we isolate this stage from delivery data? This presents findings from a pilot study that explored these questions and influenced further research.

Background:
No definitive theory exists regarding the cervix in labour mechanism. Previous research looked for problems associated with old treatments, such as premature delivery and stenosis (failure to dilate), in the new treatment (Cruikshank, Flannelly et al. 1995; Tan, Pepra et al. 2004; Crane, 2003). Anecdotal evidence from clinical practice suggests there are still problems in the first stage of labour.

Design:
Retrospective pilot study from notes of women delivered in 2001 in a large North East teaching hospital. 30 study subjects and 60 controls used. Mann Whitney U test compares the unequal groups, Fishers Exact test also used as is more accurate with small numbers.

Analysis and Results:
Clinically significant results were identified, as reaching statistical significance with such small numbers is unlikely. In the 2nd baby subgroup, time from 4cms dilated to fully dilated (progressive phase) was clinically significant and in the 1st baby subgroup, time to 4cms dilated (passive phase) was verging on statistical significance. In comparing eventual outcomes, this study showed more Caesarean Section deliveries in controls.

Discussion:
This pilot confirmed use of delivery data to examine differences, isolate the first stage and led to division into common definitions of 'passive' and 'progressive' phases. It informs sample sizes for the main quantitative prospective study. It also proposes the theory that difference in effect between 2nd and 1st baby subgroups are a measure of different management applied. A qualitative case study arm is added to explore this.

Recommended reading:

Crane, J.M.G., (2003) "Pregnancy outcome after loop electrosurgical excision procedure: A systematic review." Obstetrics & Gynecology 102(5): 1058-62.

Cruikshank, M. E., Flannelly, G., et al. (1995). "Fertility and pregnancy outcome following large loop excision of the cervical transformation zone." British Journal of Obstetrics and Gynaecology. 102(6): 467-70.

Tan, L., Pepra, E., Hloob, R.K.(2004). "The outcome of pregnancy after large loop excixion of the transformation zone." Journal of Obstetrics and Gynaecology 24(1): 25-27.

Theme: Roles/Teams

18

Nurses' attitudes towards the concept of 'holism' and complementary & alternative medicine

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Co author: Katja Schmidt

Abstract:

Objective:
To assess nurses' attitudes towards the concept of 'holism' and CAM at a University College in the UK by employing the validated Integrated Medicine Attitude Questionnaire (IMAQ).

Materials and methods:
All nurses registered on post-registration education programmes at a University College in the UK were asked to participate in a survey measuring attitudes towards the concept of 'holism' and CAM. A modified version of the previously validated 28-item IMAQ was used to carry out this survey. Ethics committee approval was sought and duly granted.

Results:
A total of 150 usable responses were collected and analysed. Positive correlations were found between the total IMAQ score and country of birth (p = 0.007), years of having been qualified as a nurse (p = 0.01) and years having worked in the field and CAM use (p = 0.27). Majority of the nurses expressed their willingness to participate in a special study module on Complementary and Alternative Medicine. Discussion: This is the first UK study to examine the relationship between nurses' attitudes towards holism and CAM, and confirms other findings from previous studies.

Conclusion:
Nurses in this sample held positive attitudes to the concept of 'holism' and were very interested in learning more about CAM. Education of nurses in CAM is essential and needs to be promoted actively for inclusion in all nurses curricula, from undergraduate programmes to CPD frameworks promoting Lifelong learning.

Recommended reading:

Schneider CD, Meek PM, Bell IR. Development and validation of IMAQ: Integrative Medicine Attitude Questionnaire. BMC Medical Education 2003; 3:5.

Ernst E, White A. The BBC survey of complementary medicine use in the UK. Complementary Therapies in Medicine 2000; 8:32-6.

Nursing and Midwifery Council. Underpinning principles and standards for education, Section 3. 2005; http://www.nmc-uk.org

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Making evidence based nursing a reality: The role of the clinical librarian

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Co authors: Irene Mabbott, Niahm Leonard & Beverly Bond

Abstract:

Background:
Nurses are expected to apply evidence in their clinical practice. Repeated studies demonstrate that nurses experience more barriers to an

evidence-based approach than other health professionals. Barriers include lack of time and skills to access and appraise evidence. The Clinical Librarian was initially developed to facilitate the evidence based practice of medical staff on ward rounds. Little evidence exists on how the role could work effectively with nurses. This paper reports the first stage of an action research project exploring the potential role of the clinical librarian in facilitating evidence based nursing.

Aims:
To examine nurses' perceptions of the contribution of the Clinical Librarian in facilitating evidence based practice in acute, general ward settings.

Methods:
Semi-structured group interviews were conducted with clinical nurses and their managers (N=72) as part of a consultation exercise conducted across a large NHS Teaching Hospital Trust. The data was recorded by a scribe and analysed to identify key themes.

Results:
Perceptions regarding the "usefulness" of a Clinical Librarian varied. Senior managers and junior ward staff were positive. Ward managers were more circumspect regarding the perceived value of the Clinical Librarian. Participants saw the primary roles of the Clinical Librarian to be literature searching and teaching of searching skills. A wide range of other role components were reported, including writing and disseminating summaries of evidence and maintaining ward learning resources. A model of how the Clinical Librarian could integrate and work with nurses is presented. This addresses ways to overcome nursing workload and staffing restraints. Challenges in implementing the Clinical Librarian in an acute care setting are also discussed. Conclusion: The consultation provided a way of integrating users perceptions into the development of a Clinical Librarian role in acute. A model of working has been generated that has great potential for facilitating evidence based nursing.

Recommended reading:
Cimpl WK. Byrd G. (2004) Evaluating the effectiveness of clinical medical librarian programmes: a systematic review of the literature. Journal of the Medical Library Association 92. 14-33

Tod A. Palfreyman S. Burke L. (2004) Evidence Based Nursing: a time of opportunity? British Journal of Nursing 13 (4) 211-216

Ward L. (2005) A survey of UK clinical librarianship: February 2004. Health Information and Libraries Journal 22. 26-34

20

Nurse-led clinics to support patient newly-diagnosed with rheumatoid arthritis: Time and space, not just information

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Co authors: Beverly Davis & Sarah hewlett

Abstract:
Background:
Following a diagnosis of Rheumatoid Arthritis (RA) patients have to adapt to lifelong unpredictable but repeated episodes of pain and disability, leading to permanent loss of function and the consequences on their lives. We established nurse-led clinics with the overall aim of supporting newly diagnosed RA patients in adapting to and managing their long-term condition.

Aim of this study was to explore the content of clinic discussions to ascertain patient's needs upon diagnosis.

Methods:
All clinic letters from the nurse to the family doctor were analysed. Every topic mentioned was systematically coded independently by a nurse and a patient, who then compared and agreed codes. Codes were then organised into categories and finally into overarching themes.

Results:
24 patients had 74 appointment letters. 79 codes were identified, from which 8 categories emerged and finally 3 overarching themes.

Discussion:
The first theme related to 'Emotional support', which was discussed in almost all appointments. Issues covered included discussions on emotional consequences of RA, needing time to adjust, frustration, and fears for the future. The second theme was 'Practicalities of the treatment of RA' and included the nature of RA such as identity, cause, timeline, consequences and treatment. Medication issues were discussed (adherence, side-effects and monitoring); referrals to the multidisciplinary team were made. The final theme related to 'Self-management of RA' and included discussions on physical symptoms (pain, swelling and fatigue) the management of flares, fatigue, and pain and work or employment issues.

Conclusion:
The offer to attend a nurse-led clinic soon after diagnosis allowed RA patients to discuss a wide range of practical and self-management issues. However, most patients also took the opportunity and time to express discuss emotional reactions and adaptations to diagnosis. The data suggest an unmet need for support with coping that a nurse-led clinic may be able to meet.

Source of funding:
The Charitable Trusts for the United Bristol Hospitals.

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Challenges and opportunities of working with volunteers in an intermediate care service

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Co authors: Gaynor Mabbett & Melanie Jones

Abstract:
Background:
Intermediate care services are seen as preventing avoidable hospital admissions (WAG, 2003). The "Bridging the Gap" project provided by Age Concern, Swansea seeks to facilitate safe and sustainable discharge from hospital for older people who have low level needs, through the provision of multi-agency support.

Aim:
To evaluate the volunteers' role within the "Bridging the Gap" project. Objectives included: exploring relationships between volunteer and paid workers and identifying challenges and opportunities of collaborative working.

Methods:
A case study, stakeholder evaluation was conducted using focus groups, semi structured interviews, documents and secondary analysis of a client satisfaction questionnaires. Focus groups were conducted with a purposive sample of 14 volunteers and 3 paid workers and interviews with 4 managers, 3 partner representatives and 4 referrers. SPSS was used to analyse the numerical data and the qualitative data were analysed using thematic analysis.

Results:
Findings indicated benefits for clients, volunteers, paid workers and service delivery. Clients' viewed the service as accessible, acceptable and appropriate. Volunteers reported positive volunteering experiences due to their reciprocal relationship with the project. Paid workers, including district nurses, benefited from opportunities to learn new skills, new ways of working and broadening their scope of practice.

Discussion:
The comprehensive and complementary package of voluntary and professional support provided, reduced avoidable readmissions to hospital. It will be shown that volunteers make an important contribution to supporting older people discharged from hospital and provide an added dimension to client care. Incorporating paid workers from different organisations and cultural backgrounds poses challenges for collaborative working which will be discussed.

Conclusion:
This project is a good example of active volunteering in primary care which is underdeveloped (Jones, 2004). Demographic trends indicate an increasing demand for this kind of service and nurses need to seek opportunities of working with volunteers to meet this demand.

Recommended reading:
Welsh Assembly Government (2003) The Review of Health & Social Care in Wales. The Report of the Project Team Advised by Derek Wanless. Cardiff: Welsh Assembly Government

Jones, H. (2004) Volunteering for Health: A Research Report produced for The Welsh Assembly Government. Cardiff: Welsh Assembly Government

Source of funding:
Age Concern, Swansea

Theme: Advanced practice/Consultant nurses

22

Disseminating specialist practice in the acute hospital: The value of a network nurse programme

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Co authors: Maureen Gambles, Philip Saltmarsh, Deborah Murphy, Trudy Hutchinson & John Ellershaw

Abstract:
Background
The expansion of clinical nurse specialist posts has subsequently seen a growth in programmes developed to disseminate information from the specialist nurse to general nurses. Usually there is a nurse from each ward/locality allocated to the programme who is then known as the link or network nurse. The positive effects of link nurses are reported as helping to improve communication

between specialist teams and managers, introduce new practices and potentially enhance patient care (McKeeney (2003). However there is little published evaluation on the perceptions of the link nurses as to their role and impact or on the most effective programme, with wide variations in existence (Tinley, 2000; McKenney 2003).

The aim of this study was to explore the hospital palliative care network nurses perceptions of the role and programme in an acute hospital setting.

Method
A confidential descriptive survey was distributed to all 41 palliative care network nurses via the internal hospital mail system. 33 questionnaires were returned (80% response rate). The survey contained both open and closed questions that explored the impact of attending the network programme. Data was analysed using descriptive statistics. Open ended questions were analysed for emerging themes.

Results and Discussion
The nurses reported the programme to be beneficial in providing them with increased palliative care knowledge. Support and networking opportunities were also identified. Additionally the personal benefit of being a network nurse that included an increased confidence and empowerment to care for the dying patients and their families was highlighted. This paper discusses the programme and the findings from the study and suggestions for further research are made.

Recommended reading:
McKeeney L (2003) Are link-nurse systems an effective means for improving patient care. Professional Nurse 19,4;203-206

Murphy D (2003) The education strategy to implement the Liverpool Care Pathway for the Dying Patient (LCP). In Ellershaw JE, Wilkinson S (Eds) (2003) A Pathway to Excellence. Oxford University Press. Oxford p106-120

Tinley P (2000) The link nurse system in relation to the speciality of tissue viability

23

An exploration of the perceptions and views of patients, nurses and doctors in the role of the advanced nurse practitioner in prescribing: A pilot study

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Abstract:
This exploratory study on the views and perceptions of the patient, nurse prescriber and the doctor (the prescribing tripartite) is a pilot study carried out over a 4-month period. Case study methodology was utilised to examine the interactive processes between the roles of the prescribing tripartite. This was achieved through non-participant observation of the nurse-patient consultation session, as well as interviews conducted with the 3 key players.

Grounded theory analysis was advocated in the comparison of emerging data, which resulted in 3 preliminary themes, namely:

- Being there and connecting with patients
- Managing others and self
- Devolving knowledge and autonomy

As advanced nurse practitioners, nurse prescribers are required to be autonomous in their clinical decision making process (Thompson and Dowding 2002). They have extended beyond their core caring role that is built on skills and values; expanded their accountability and autonomy to a whole episode and holistic sphere of care; and developed into an area of expert practice based upon a prolonged period of professional practice (Daly and Carnwell 2003).

From my pilot study, I came to realise that accountability and autonomy is one of main criteria that determines advanced practice. However, there is also the degree of input by others in deciding on the role boundaries of nurse prescribers. The interactions with doctors and patients within the prescribing tripartite, as well as those without, produce a testing ground for the nurse so as to stabilise and modify her role and role characteristics.

I liken the nurse prescriber as an advanced nurse practitioner wearing an invisible cloak of 'expertise', that is not always recognized by others who interact with her. She weaves in between those she interact with, like patients, relatives, doctors and other healthcare professionals...making links, creating opportunities, devolving power, providing sense, managing uncertainty and understanding what is needed to work collaboratively towards an efficient service for the good of others.

Recommended reading:
Daly, W.M. and R. Carnwell. 2003. Nursing roles and levels of practice: a framework for differentiating between elementary, specialist and advancing nursing practice. Journal of Clinical Nursing. 12: 158-167

RCN. 2004. The future nurse: the RCN vision. [Online] London: Royal College of Nursing. Available from www.rcn.org.uk

Thompson, C. & D. Dowding. eds. 2002. Clinical decision making and judgement in nursing. Edinburgh: Churchill Livingstone

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An exploration of the educational and continuing professional development needs of consultant nurses

Rebecca Hoskins, Consultant Nurse and Senior Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, UK.

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Abstract:
Background
Consultant nurse posts were first developed in 1999. The creation of these posts was designed to enable the NHS to implement a new vision for nursing which in turn would facilitate the 'new modern NHS' (DoH 1998), by acting as role models and utilising evidence-based practice, clinical effectiveness, increased individual accountability and clinical governance within their role, (Manley, 2000). The role has since been evaluated on a large scale (Guest et al 2001) Aims To examine the educational preparation and continuing professional educational requirements of consultant nurses in emergency care

Methods
Purposive sampling was used.

The aim was to carry out a national survey. MREC approval was gained and the study was registered with each trust in which it was administered. Issues arising from the registration process meant that not every trust could be approached. A questionnaire was administered via email, and the results were analysed using thematic analysis. The study was qualitative utilising an interprevisit approach

Results
The return rate was 80% (n=16). The data was interrogated utilising thematic analysis and cross tabulation of structural and opinion information was carried out. Discussion The majority of respondents agreed that a minimum of master's level preparation was essential. The elements of preparation and CPD requirements were identified. Interestingly while the respondents discussed the importance of leadership in nursing and not losing the essence of nursing, several respondents felt strongly that a medical model of preparation should be developed with an exit exam as a means of adopting a national standard.

Conclusions
While this was a small- scale study it did sample opinion and the experiences of consultant nurses working in emergency care across England. The results will help to inform educational programmes in universities in order to prepare the consultant nurses of the future.

Recommended reading:
Manley, K. (2000) Organisational culture and consultant nurse outcomes: part 1 organisational culture. Nursing Standard. 14:34-38

Guest, D. Redfern, S, Wilson-Barnett J (2001) A Preliminary Evaluation of the Establishment of Nurse; Midwife and Health Visitor Consultants. London: The Management Centre, King's college

Department of Health (1998). A First Class Service: Quality in the new NHS. London; The Stationery Office.

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Systematic review and meta-synthesis of the contribution of nurse/allied health professional consultants

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Co authors: Sarah Johnson, Janet Richardson, Elizabeth Stenhouse & Mary Watkins

Abstract:
This paper presents the outcome of a systematic review and meta-synthesis of the benefits and effectiveness of Nurse and Allied Health Professional Consultants. The introduction of the 'Consultant' role identified opportunities for experienced Nurses and Allied Health Professionals to extend their roles and influence decision making at a strategic level whilst maintaining patient contact.

The four key functions of the Consultant are: expert practice, leadership, education and research, and have been highlighted as the 'four pillars' of the role that must be evident in all posts. These new posts have grown in a largely ad hoc fashion particularly in the allied health professions and evaluation of the effects of the posts is rather undeveloped. Systematic searches of databases were limited to publications from 1994 to March 2005, which evaluated the roles of Nurse and Allied Health Professional Consultants.

Data were extracted systematically using a specially designed data extraction form and classified according to study type. This included details of selection criteria and procedure, methodology, sampling data collection and analysis procedures. For each study, data extraction and appraisal were

conducted independently by two researchers and any disagreements or discrepancies were resolved by discussion. Where consensus could not be obtained, a third reviewer was available for consultation. From 1931 citations, fifteen papers met the inclusion criteria so were critically appraised. The meta-synthesis was undertaken in accordance with methods used by Lloyd Jones (2004) and focused on the four pillars of the consultant role.

The critical appraisal found methodological limitations in the studies including small sample sizes and lack of information about data validation. The findings from the meta-synthesis indicated the integration of the four pillars into the consultant role was variable and evaluation of the benefits of the role was limited.

Recommended reading:

Lloyd Jones M. (2004) Application of systematic review methods to qualitative research: practical issues. Journal of Advanced Nursing 48 (3), 271-278

Source of funding:
Plymouth Teaching Primary Care Trust and the South West Peninsula Strategic Health Authority Peninsula Nurse Executive Group

Theme: Informal carers

26

Listening to the consumer in genetic healthcare

Heather Skirton, Reader in Health Genetics, Faculty of Health and Social Work, University of Plymouth (UK), Plymouth, UK

Co authors: Evelyn Parsons & Paul Ewings

Abstract:

Background

Specialised genetic services primarily have traditionally offered care to families who are at high risk of genetic conditions. Health services should be evaluated in terms of process, structure and outcomes. However, evaluation of genetic healthcare has been challenging due to the lack of readily-measurable outcomes. Studies on understanding of genetics point to a lack of baseline knowledge of genetics in the general population and confirm the strong need to provide information for clients. Qualitative research has indicated that important outcomes from the client's perspective also relate to changes in psychological adaptation to the genetic condition or chance of disease.

Aim

This study aimed to develop a Genetic Healthcare Outcomes Questionnaire.

Method

Fifty-three statements derived from previous qualitative research (Skirton, 2001)were used to develop an initial questionnaire. Ninety-seven clients of a genetic service were asked to rate each outcome using a Likert-type scale. The results were subjected to factor analysis.

Results

Six main factors were found to contribute to the outcome of the service from the client's perspective. These were labelled

i) enhanced understanding

ii) positive psychological change

iii) respect for autonomy

iv)adaptation

v) disequilibrium and

vi)value of contact.

These outcomes, which appear to be relevant to a range of healthcare services and settings, will be discussed in detail.

Discussion

The use of such a questionnaire in both audit and research contexts may enhance understanding of the needs of clients of a specialist genetic service. However, increasingly genetics is becoming an integral part of mainstream health services (Department of Health, 2003) and is therefore the concern all nurses, rather than a small group of specialist practitioners.

Conclusion

Evaluation tools for genetic healthcare may support nurses in develop competencies that enable them to deliver genetic healthcare appropriate to their role and setting (Kirk et al, 2003).

Recommended reading:

Skirton H (2001) The client's perspective of genetic counseling - a grounded theory study. Journal of Genetic Counselling 10(4):311-329

Department of Health (2003) Our inheritance - Our Future; realising the potential of genetics in the NHS. London, Departmetn of Health

Kirk M, McDonald K, Longley M, Anstey S et al. (2003) Fit for Practice in the Genetics Era: A competence based education framework for nurses, midwives and health visitors. Pontypridd, University of Glamorgan

Source of funding:
Wales Office of Research and Development

27

Using the views of patients, their carers and health professionals to shape patient care

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Co author: Owen Jones

Abstract:

The purpose of this study was the development of an audit tool to measure the standard of nursing care that embraces the opinions of patients, their principle carers, nurses, doctors, therapists and policy makers.

Background:

Involving patients in setting the standards of care is an important issue in the management of healthcare today (DoH, 2001). The themes used to explore the quality of the service given to patients were derived from government policy documents and guidelines produced by the British Burns Association (DoH, 1998; NBCRC, 2003). This paper explores the opinions and understanding of patients, carers and health professionals associated with the care patients and their families received while in hospital.

Aim:

The intention of the study was to create an evaluation tool to measure the standard of nursing care.

Method:

A questionnaire was utilised to establish the quality of care and the weighting that health professionals, patients and carers associate with each of the following themes: Pain, privacy, communication, food, ward cleanliness, sleep and rest and the standard of nursing care. 20 representatives from patients, carers and health professionals were included in the study.

Results:

Patients and carers felt that the choice of food was important but a third of health professionals disagreed with this statement. To the question 'My pain was managed badly' all patients and carers disagreed or strongly disagreed while all Health Professionals agreed or strongly agreed with this statement. Undertaking this study and implementing changes in clinical practice as a result of the findings has encouraged the adoption of a more patient and family focused approach to healthcare. Raising the awareness of the importance and value of listening and formalising the process of using patients and carers opinions to change clinical practice. The process involved in producing an audit tool highlighted the importance of the involvement of all members of the care team in research, audit or change initiatives designed to develop practice.

Recommended reading:

DoH. (1998). A First Class Service: Quality in the NHS. A First Class Service: Quality in the NHS. Department of Health. London.

DoH. (2001). The Essence of Care - patient-focused benchmarking for health practitioners. The Essence of Care - patient-focused benchmarking for health practitioners. Department of Health. London.

NBCRC. (2003). Burn Care Standards. Version 5. National Burn Care Review Committee (Chair. Mr. K Dunn). British Burns Association. Manchester.

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Exploring the health needs of prisoners: perspectives from prisoners and nurses working in prisons across England

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Co authors: Gill Hek & Louise Condon

Abstract:

Background:

Prison health care is currently experiencing major reform and reorganisation with staged transfer of responsibility for the health of prisoners from the prison service to the Primary Care Trusts (HMIP 1996). The Prison Service aims to provide primary health care services of an equivalent standard to those services available in the wider community (Joint Prison Service and NHS Executive Working Group 1999), and it is recognised that prisoners are a vulnerable population with high health needs (Social Exclusion Unit 2002). The poster will present findings from a Department of Health funded study exploring the perspectives of prisoners and nurses working in prison regarding primary care nursing in prisons and will highlight some of the challenges and practical considerations in providing primary care for people in prison.

Methods:

Qualitative study involving purposive sample of prisoners and nurses working in twelve prisons across England. Data was collected using face to face interviews with prisoners and focus group discussions with nurses. Interviews were transcribed verbatim and thematically analysed.

Results:

During the interviews with prisoners, discussions about individual experiences of health care in prison, of accessing health care out of prison

and looking after their own health in prison were explored. The focus group discussions with the nurses considered issues including the primary care services they provide, the specific needs of the different groups of prisoners and how they meet the needs of the prisoners. The poster will go into these perspectives in some depth.

Conclusions:
The study highlights the value of qualitative research in uncovering the "felt" needs from the user's perspective and the perspectives of the service providers. Recommendations are made in the light of the findings for the future delivery of primary care nursing in prisons.

Recommended reading:
Joint Prison Service and NHS Executive Working Group (1999) The Future Organisation of Prison Health Care. London: Department of Health

Her Majesty's Inspectorate of Prisons for England and Wales (1996) Patient of Prisoner? A New Strategy for Health Care in Prisons. London: Department of Health

Social Exclusion Unit (2002) Reducing re-offending by ex-prisoners. London: Social Exclusion Unit

Source of funding:
Department of Health

Theme: Education

29

Research in practice: An educational strategy by which to achieve it

Paula Ormandy, Research Fellow, Nursing, University of Salford, Salford, UK

Co author: Andrew Long

Abstract:
The R&D unit launched a 12-month educational training and research support programme focused on 'doing evaluations of practice'

(1). The programme arose from discussions with local trusts to meet their needs in strengthening and cultivating multi-professional evidence based practice. The programme was thus situated against the essential need to ensure practice is based on best evidence and, from a research perspective, to get research into practice

(2). A model of doing research with practitioners was appropriate, as some participants had limited research experience.

The trust released practitioners for half a day a week to undertake a programme providing a series of workshops applying the fundamentals of research, such as ethics, data collection techniques, analysis methods, and writing research reports, to each participant's research project. Simultaneously individual supervision guided participants' to develop manageable and useful research studies. Many participants chose to evaluate service delivery, others the impact of specialist roles, or aspects of practice. The programme has now run for three successive years, with 6, 9, and 6 multi-professional participants in the respective cohorts.

Importantly, the collaborative approach overcame the barriers often experienced when taking up research findings into practice as the participants owned and believed in the evidence generated and implemented changes to practice where appropriate. Capability building was captured using reflective diaries and pre/post self-assessment measures of skill and knowledge levels. Participant learning was also personal and individualised, relating to previous knowledge and experience of doing research. For one participant 'research seems an easier concept, it has lost its mystery'. For another, it was much more dramatic, enabling the theory from the textbook to become real, increasing their understanding. The concept of working with not for practitioners integrates research into practice and brings closer the theory practice gap.

Recommended reading:
Long AF, Ormandy P (2003) Doing Evaluations of Practice: An Innovative Educational and Research Support Programme, Salford: University of Salford, Health Care Practice R& D Unit. Report Number 10

Long AF (1996) Health Services Research - A Radical Approach to Cross the Research and Development Divide? In Baker MR and Kirk S [Eds] Making Sense of Research and Development, Oxford, Radcliffe Medical Press, 51-63

30

Student concept maps vs. traditional care plans as measures of ciritcal thinking: A quantitative evaulation of each

Alison Blasdell, Professor of Nursing, Nursing, Lincoln Land Community College, Springfield, IL, United States. Email: alison.blasdell@llcc.edu

Co authors: Theresa Till & Brenda Michel

Abstract:
The purpose of this study was to compare the use of concept maps vs. traditional care plans as measures of critical thinking in nursing students in the clinical area. Our nursing program recently introduced the use of concept maps to students. Previously, a "traditional" care plan had been used. After four months of using the concept maps, students were asked to anonymously complete an eight-item graphic rating scale that compared the two nursing care instruments.

The items on the questionnaire were constructed to reflect the American Philosophical Association's definition of critical thinking as a process that "gives reasoned consideration to evidence, contexts, conceptualizations, methods, and criteria" as a process of judgment. Students were asked to rate the traditional care plan and the concept map in terms of how valuable each was in helping the student to link the steps in the nursing process and to relate the concepts involved in medical care and nursing care.

One hundred students participated in the study. Using the Mann-Whitney Statistical Test, the scores for the traditional care plan and the concept map were analyzed. In all eight items, students rated the concept map higher (p ⟨. 0001) than the traditional care plan. A space was provided at the end of the questionnaire for students to comment on their experiences with both nursing care instruments.

Students' comments supported the findings in the quantitative analysis. Students qualitatively stated that they felt the concept map helped them to better see the relationships between various components of their care. Based on this study and the preponderance of literature supporting the use of concept maps, we have elected to replace the traditional care plan with the concept map as a tool for teaching and evaluating critical thinking in nursing students in the clinical area.

Recommended reading:
DALEY, B. 1999 Concept maps: a strategy to teach and evaluate critical thinking. Journal of Nursing Education 38(1), 42-47.

SMITH, B. 1992 Linking theory and practice in teaching basic nursing skills. Journal of Nursing Education 31(1), 16-23.

AMERICAN PHILOSOPHICAL ASSOCIATION (1990) Critical thinking: a statement of expert consensus for purpose of educational assessment and instruction. Colulmbus, OH, USA: Ohio State University

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Students in a research setting: The ideal learning environment

Jennifer Trewin, Senior Research Nurse and Education Lead, Wellcome Trust Clinical Research Facility, Southampton General Hospital, Southampton, UK

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Abstract:
Aim
To encourage nursing students to view a placement on a Clinical Research Facility (CRF) as a positive learning experience.

Background
Discussions with nursing students had highlighted concerns regarding a CRF as a placement with worries such as 'not achieving their competencies'. However, the CRF has supported 8 nursing students thus far and from formal evaluation all have had a very positive learning experience. Welcoming the Student Prior to their placement, students receive a welcome telephone call and a learning pack. Mentors produce a first week timetable, which ensures a comprehensive orientation and introduction to research. Over the course of the placement, students work on a variety of research studies alongside experienced research nurses and allied health professionals.

The Learning Environment Core skills developed:

- Communication
- Good Clinical Practice
- Good record keeping
- Students have actively participated in:
- Care of the research participant
- Critique of research articles at Journal Club
- Clinical skills sessions on aseptic technique and injection technique
- Essence of Care benchmarking
- Critical incident analysis during action learning
- Student achievements to date:
- Poster and PowerPoint presentations
- Patient information leaflets
- Health promotion displays
- Student feedback:
- Increased knowledge of informed consent
- Greater insight into the ethical and legal issues surrounding research
- Heightened awareness of research governance and clinical governance
- Being valued as a member of the research team
- Realisation of the links between research and ward practice

The Future The CRF is prepared for the ongoing quality assurance monitoring

(1). The mentors are mindful of Fitness for practice (1999)

(2) and standards of proficiency

(3). The Education and Development team has lectured 40 undergraduate students about the excellent learning experience that a CRF can provide.

We value students, we were students and we have a responsibility to the nurses of tomorrow.

Recommended reading:

Department of Health (2003). Streamlining quality assurance in healthcare education. Purpose and action. London: Department of Health.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1999). Fitness for practice (the Peach report): The UKCC Commission for Nursing and Midwifery Education. London: United Kingdom Central Council.

Nursing and Midwifery Council (2004). Standards of proficiency for pre-registration nursing education. Protecting the public through professional standards. London:Nursing and Midwifery Council.

32

Health care assistants: Exploring the views of student nurses

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Co authors: Hugh McKenna & Sinead Keeney

Abstract:

Background:

While Health care assistants (HCAs) form an integral part of the healthcare workforce, the views of student nurse remains unexplored. This is despite the fact that research has shown that students work closer with assistants than they do with qualified staff.

Aim:

This paper reports on one phase of a larger project, which investigated the student nurses', perceptions of the role of HCAs and how this affects the clinical placement experience.

Methods:

Focus groups and one to one interviews were used.. All pre-registration nursing students (n= 780) were sent details about the study and asked for their voluntary participation to attend. In total, 45 students volunteered to participate. With permission, all discussions were tape recorded and transcribed

Results:

The findings suggest that HCAs influence students learning in the clinical practice area. Students reported that the role of the student nurse and assistant were similar. Although some students' had prior care experience no student was provided with any preparation or guidance to work with this member of staff. Overall, students welcomed the support and learning opportunities from assistants, however some raised concerns with regards the blurring on roles in practice and the availability and approachability of HCAs compared to registered nurses.

Discussion:

Findings suggest that the HCA have an active role in teaching student nurses in clinical practice. This brings into question the qualified nurses' teaching role and current educational approaches to the acquisition of clinical skills.

Conclusions:

This study has highlighted the role of the HCA in supporting students during their clinical placements. However it has raised some issues worthy of further investigating; in particular the precise nature of this perceived multi-faceted relationship on student learning and their entire clinical experience.

Recommended reading:

Wakefield, A. (2000). Tensions experienced by student nurses in a changed NHS culture. Nurse Education Today 20 (7), 571-578.

Chang, A.M. & Lam, L. (1998). Can health care assistants replace student nurses? Journal of Advanced Nursing 27, 399-405.

McKenna, H. Hasson, F. & Smith, M. (2002). A Delphi survey of midwives and midwifery students to identify non-midwifery duties. International Journal of Midwifery 18, 314-322.

33

Developing a framework for health professional learning beyond initial registration

Tony Long, Senior Lecturer in Child Health Research, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, UK

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Abstract:

The purpose of this project was to develop a framework to support continuing professional development (CPD) of healthcare professionals subject to statutory regulation. Key drivers included the requirement to work in a more collaborative manner; concern over the effect of learning on patient outcomes; lack of common terminology; disparate processes for setting and monitoring standards; and difficulties with transferability of learning between employers.

The project design included an extensive literature review to identify existing terminology and national outcome measures relating to patient care; widespread consultation with key informants through individual interviews to ascertain existing practices and the views of professional and regulatory bodies; questionnaires to establish current practices in linking CPD to patient outcomes (one for HR directors in 700 NHS Trusts and PCTs, the second for completion on-line by individual practitioners); three Open Space stakeholder consultation events to construct recommendations in this area; a reference group consultation event to validate the initial findings; brief questionnaire to selected universities to elucidate prescribed and actual practices in credit transfer; a focus group with representatives of other initiatives to clarify their organisations' role and work in valuing learning in various forms; and a final structured consultation with key stakeholders to guide the final recommendations.

Confusion among employers and professionals about the content of multiple DH initiatives was addressed in an interactive mapping presentation. Common terminology was addressed through a glossary of preferred terms and a matrix of terms acting as a thesaurus. An adapted Business Excellence Model was developed to link patient outcomes to CPD, supported by a Unit-Level Support Tool to assist with implementation.

A Performance Management Tool (based on the Balanced Score Card) was adopted to support planning and monitoring of CPD. A process and format for annual appraisal and common components for portfolios and personal development plans were developed.

Recommended reading:

Department of Health (2000) A health service of all the talents: developing the NHS workforce. London: DH.

Department of Health (2001) Working together, learning together. A framework for lifelong learning in the NHS. London: DH.

Department of Health (2004) Learning for delivery. Making connections between post qualification learning/continuing professional development and service planning. London: DH.

Source of funding:

Department of Health (England)

34

Current provision of rheumatology education for undergraduate nursing students in the UK

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Co authors: Celia Almeida & Brenda Clarke

Abstract:

Background and Aims:

Rheumatological conditions are widespread, therefore nurses in non-specialist areas and specialist rheumatology units need knowledge and skills to manage patients safely and effectively. The aim of this study was to examine current undergraduate training in rheumatology for nurses, physiotherapists (PTs) and occupational therapists (OTs) in the UK (Almeida et al 2005). This abstract presents the nursing data.

Methods:

A questionnaire was sent to curriculum organisers and clinical placement officers for every UK undergraduate adult nursing course, asking about the nature and amount of rheumatology theory and clinical exposure.

Results:

Of 47 adult nursing courses surveyed, 70% of curriculum organizers and 68% of clinical placement officers responded (85% of courses). Respondents considered that students received moderate or in-depth theory teaching on RA in only 52% of courses, with clinical experience of RA probably or definitely available for only 56% (OA 63% and 63%). Exposure was limited in key areas such as psychosocial issues (theory and clinical 61%) and management of symptoms such as stiffness and fatigue (theory 56%, clinical 69%). Only 52% of nurses were taught the theory of managing rheumatology medication, although clinical experience was higher (81%). Whilst 70-85% of respondents reported teaching about the importance of the rheumatology multi-disciplinary team, specialist nurses, OTs and PTs themselves rarely taught or were utilized during placements (nurses 37%, OTs 23%, PTs 24%). Half of curriculum organizers consider they provide insufficient undergraduate rheumatology training and only 10% of students are offered a rheumatology placement.

Discussion and conclusions:

Rheumatology training for undergraduate nurses is limited in key areas and rarely utilizes local clinical expertise. Clinical rheumatology nurses should liaise with educationalists to develop novel

methods of addressing these shortfalls within the limited curriculum time. This should enhance care for patients and raise awareness of a specialist career option.

Recommended reading:
Almeida C, Hewlett S, Clarke B, Kay L, Ryan S, Chadwick A, Hammond A (2005). Rheumatology education for undergraduate nursing, physiotherapy & occupational therapy students in the UK. Rheumatology 44: S1: 415 (abstract)

Source of funding:
Arthritis Research Campaign

35

Coordination process of the nursing student's practice in university hospitals

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Abstract:
The aim of this study was to realize the characteristics of the coordination process of the students enrolled in the Nursing Course managed by University Hospitals. Twenty-five (100%) middle to large size university hospitals of the city of São Paulo, which were admitting students in the last 3 (three) years took part of this study. Approval of those in charge of the hospitals was required. Anonymity and secrecy of the answers were guaranteed.

Data survey was performed from July to September 2003, using a questionnaire consisting of hospital characterization and Nursing Service including: organizational structure; available units for the student's practice; number of students per semester; types of courses; selection criteria of the schools; the responsible person for the coordination of this practice and his/her pedagogical capacitation; weekly hours spent with the coordination process; orientation guidelines; prerequisites to accept faculty members and students; information about the teaching plan; dynamics and types of the evaluation process. All the hospitals had conditions, which could guarantee the success of the developed teaching process. Specific coordination services were present in 19 (76%) of the hospitals, and in those, most of the coordinators were nurses (20?80%). The great majority required a plan from the faculty member and student about the teaching practice, denoting its ethic-professional responsibility.

Continuing education was the hospital service in charge of the coordination of the student's practice. The purpose to know the coordinating process of the student's practice in the Nursing Course at the University Hospitals was reached which allowed to anticipate the needs and precariousness of the process within a political, pedagogical and managerial dimension, determining an ethic compromise to deepen reflections and discussions towards improvement.

Recommended reading:
MENDES, IAC, TREVISAN, MA, FERRAZ, CA, HIGA, EFR 2000, 'Contribution of the subjects of the learning organization and the process of partnership teacher of assistance in Nursing'. Revista Latino Americana de Enfermagem, vol.8, no.4, pp. 47-52.

MARSIGLIA, RG 1999, Relation teaching service. Ten years of integration teacher of assistance in Brazil. Hucitec, S. Paulo.

ALMEIDA, M, FEVERWERKER, L, LLANOS, CM 1999, The education of the health professionals in Latin America. Hucitec, S. Paulo.

36

What are the effects on student confidence and fitness to practice of implementing competency recommendations into pre–registration nursing curricula?

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Co authors: Mirjam McMullan, Rosalynd Jowett & Paul Farrand

Abstract:
Concerns regarding levels of confidence and competence in skills held by newly qualified nurses trained under Project 2000 resulted in the development of a competency based pre-registration curriculum (DoH 1999, UKCC 1999). This study sought to examine whether implementation of the recommendations had led to such improvements in competency educated nurses when compared to newly qualified nurses who had studied under Project 2000.

The results contribute to the Nursing and Midwifery Council's (NMC) current review of the fitness for practice at the point of registration. Qualitative and quantitative methods were used to examine level of confidence and fitness to practice when newly qualified. A self –administered questionnaire asked participants to provide ratings of confidence in areas of nursing practice and core competencies as specified by the NMC (UKCC 2001) on a visual analogue scale.

There was a 53% response rate from the sample of 139 final year adult branch nursing students who were studying with the Project 2000 or competency curriculum. The results indicate that students studying the competency curriculum were statistically more confident in all areas of their practice targeted by the competency recommendations than students studying in the Project 2000 curriculum.

Qualitative methodology was adopted to examine perceptions of newly qualified nurses towards their fitness to practice and of the senior nurses who had worked closely with them under the competency curriculum, and to compare this to the perceptions of newly registered and senior nurses associated with Project 2000.

Data from six semi-structured interviews were coded and categorised. The results indicate that, for the newly qualified nurses, the competency curriculum had resulted in improved fitness for practice compared to Project 2000. These perceptions were supported by the senior nurses, who highlighted improvements in clinical skills and ability to combine theory with clinical practice.

Recommended reading:
UKCC. (1999) Fitness for Practice: The UKCC Commission for Nursing and Midwifery Education. UKCC, London.

UKCC (2001) Requirements for pre-registration nursing programmes. UKCC, London.

Source of funding:
South West Peninsula Strategic Health Authority

37

Student nurses attitudes to vulnerable groups: A pre and post module comparison of attitudes

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Co authors: Liz Walker & Ben Fell

Abstract:
The research sought to examine student nurses' attitudes to socially excluded groups prior to and after undertaking a 1st year PBL module on Social Inclusion. The Department of Health is actively pursuing a social inclusion agenda and "It is recognised that the attitudes of health professionals can be a major influence in making this happen" (McConkey and Truesdale 2000: 158). Emrich et al (2003) have noted that the attitudes of health care professionals, including students are reflective of that of the general public and can be negative and/or ill-informed. Negative perceptions are likely to impact upon the nurse-client relationship, reduce ability to anticipate the needs and dilemmas faced by excluded people and compromise ability to deliver competent, professional care.

Consequently, the project was undertaken to ascertain whether the module had an impact, if any, upon students' views and attitudes. A questionnaire was developed and piloted. Likert Scales were used to examine agreement and disagreement with a range of statements. A test re-test design was employed, i.e. students were asked to complete the questionnaire pre and post module. Responses were aggregated and compared. The response rate was 65.6% pre module and 67.4% post-module. The students' responses were predictably positive and static towards a range of client groups and areas e.g. mental health, self harm, older people, learning disabled people, single mothers and drug addicts. Student attitudes became slightly more positive after the module in relation to the following groups of people; refugees (8.4%), people who self harm (8.9%), pregnant teenagers (7.5%), people who live on housing estates (18.4%), and drug addicts (9.1%). However the results revealed a number of areas of ambivalence in relation to people from black and minority ethnic groups and disabled people. The research revealed some important indicators for the future development of this module.

Recommended reading:
Emrich K, Thomson TC and Moore G (2003) Positive Attitude: an essential element of effective care of people with mental illness. Journal of Psychosocial Nursing and Mental Health Services 41 (5) 18-25

McConkey R and Truesdale M (2000) Reactions of nurses and therapists in mainstream health services to contact with people with learning disabilities. Journal of Advanced Nursing 32 (1) 158-163

Source of funding:
Faculty of Health and Social Care Research Capability Funding

Theme: R&D Development

38

The Department of Health Learning Disability Research Initiative

Gordon Grant, Professor of Cognitive Disability, School of Nursing and Midwifery, University of Sheffield, Sheffield, UK.

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Co author: Paul Ramcharan, Julie Repper

Abstract:

This poster will describe the genesis, implementation and some of the outcomes of the Department of Health Learning Disability Research Initiative (LDRI). Designed to inform the implementation of Valuing People, the LDRI has striven to embody principles of inclusion. To this end, people with learning disabilities were involved as co-commissioners and also as peer reviewers of 13 nationally funded research projects. Individual projects were themselves expected to demonstrate how they were to involve people with learning disabilities, as appropriate, in planning, managing, or undertaking the work. Over half the projects have now been completed and findings from these will be reported. Lessons from the experience so far will be summarised.

Recommended reading:

Department of Health (2001) Valuing People: A New Strategy for Learning Disability for the 21st Century. Cm. 5086. London.

Source of funding:

Department of Health

39

Cochrane and nursing, are needs being met?

Emily Petherick, Research Fellow, Health Sciences, University of York, Heslington, UK

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Co author: Nicky Cullum

Abstract:

Background:

The Cochrane Collaboration is now approaching its 10th year of existence and the number of reviews in the Cochrane Database of Systematic Reviews is growing rapidly. The first 1000 reviews were completed by 2001 and now in 2005, over 2400 are available1. The Cochrane Database of Systematic Reviews is widely viewed as a repository of valid information for clinical practice of health care professionals and consumers of health services. Little is known about the extent to which Cochrane reviews are perceived as relevant and useful to nurses.

Objectives:

To explore both the relevance of Cochrane review questions, and applicability of the findings of to the needs of nursing practice and education.

Methods:

Groups of nurses from 3 different specialties (Cardiac Care; Diabetes Care; Palliative Care) were asked to grade the relevance of reviews undertaken by the pertinent Cochrane Review Groups (Heart; Pain, Palliative Care and Supportive Care; Metabolic and Endocrine Disorders Groups). A questionnaire was administered to determine whether systematic reviews addressed topics of relevance to teaching and/or practice. In addition the questionnaire allowed participants to describe whether they could use the information, how they might use the information presented and what barriers they might have in using the information. The agreement between practitioners in each field was measured using Intraclass correlation as a measure of the consistency of the views amongst related health professionals.

Results:

Surveys were completed by 2 nurses in each specialty group (n=6).This represented six of the seven nurses approached to take part in the pilot study. Their responses give some of the first information regarding the usefulness of completed Cochrane systematic reviews to modern nursing practice.

Conclusions:

It is essential that the Cochrane Collaboration regularly takes stock of the extent to which it is addressing questions of importance to its target audience and is meeting their information needs. This study, which is a pilot to a larger study, is a first step in beginning to understand whether and how nurses use Cochrane reviews.

Recommended reading:

Mallett S, Clarke M. How many Cochrane reviews are needed to cover existing evidence on the effects of healthcare interventions? Evidence-Based Medicine 2003;8:100–1.

40

Research and development leadership in nursing across the UK: A biennial review

Dave O'Carroll, Information Manager, Research & Development Co-ordinating Centre, Royal College of Nursing, Manchester, UK

Co author: Ann McMahon

Abstract:

In the last two years there has been significant UK policy development in developing capacity and capability in research and development (R&D) in the nursing, midwifery and allied health professions (NMAHP) (e.g. Scottish Executive Health Department 2002). This policy has in part led to associated pockets of investment. It is well documented that sustainable R&D capacity and capability development must take place within the context of a robust career framework (Butterworth et al 2005) and strong professional - academic leadership (Rafferty 1998).

This presentation will examine the impact of these policy measures on academic leadership within the nursing and midwifery professions. A survey conducted in 2003 provided a baseline assessment of the numbers of professors of nursing and midwifery in the UK, which it was argued offered a proxy indicator of the state of play of nursing research leadership. A further assessment was made against this baseline in 2005. A two phased approach was adopted. I

n Phase I all of the 132 chairs identified in the 2003 survey were contacted to confirm their current position and identify any other nursing or midwifery chairs in the same institution. Seventy seven responses were received (a 58% response rate). In the second phase, each institution in the UK contacted in the 2003 survey (n=131) will be contacted again to validate these data and identify if any of the institutions which reported a nil return in 2003 have made any subsequent appointments. This presentation will provide a comparative analysis of the number of professors of nursing and midwifery identified in 2005 against those identified in 2003. It will examine their geographical distribution and possible migration. The impact of recent investment in R&D in the nursing and midwifery professions in the UK on R&D leadership will be discussed.

Recommended reading:

Scottish Executive Health Department 2002, "Choices and Challenges. The strategy for research and development in nursing and midwifery in Scotland". Edinburgh

Rafferty, A. M. 1998, "Exploring a route to leadership in nursing research", NT Research, vol. 3, no. 4, pp. 313-314.

Butterworth, A., Jackson, C., Brown, E., Hessey, E., Fergusson, J., & Orme, M. 2005, "Clinical academic careers for educators and researchers in nursing: Some challenges and solutions", Journal of Research in Nursing, vol. 10, no. 1, pp. 85-97.

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Research capacity in nursing: An exploration of funding trends 2003-2005

Charles Hendry, Senior Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, UK.

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Co author: Ann McMahon

Abstract:

Rafferty and Traynor (2000) reported that a bibliometric analysis of UK nursing research between 1988 and 1995 revealed no funding source was acknowledged in 67% of publications. This compared with between 30 to 40% of biomedical research publications in total during the same time period.

Where funding was cited, the majority was attributed to the United Kingdom Government. A possible explanation for this anomaly is that nursing does not fair as well as other biomedical researchers in the funding stakes. However, empirical analysis suggests that the perceived funding gap is in reality a myth (Brooker et al. 1997). There is however evidence of fewer applications from the nursing professions reaching the final stages of the process (Mead, Moseley, & Cook 1997). White and Winstanley (2003) analysed abstracts submitted to the RCN International Nursing Research Conference which they argued served as a as a proxy indicator of the contemporary circumstance of nursing research.

Data was not collected on funding source and they recommended that the RCN Research Society should request these data to inform future analysis. As a result, in 2003, a field was added to the online abstract submission database to collect these data for future analysis. From 2003 – 2005 this was an optional field and this presentation provides an analysis of these data. Sources of funding details were extracted from 1373 abstracts submitted during the period of analysis and imported into SPSS version 11.5. 46% declared a source of funding.

This poster will present an analysis of these funding sources against the Wellcome Institute analysis of sources of funding of biomedical research (The Policy Research Department (PRISM) 1998) which serves as a benchmark for comparison.

Recommended reading:

Brooker, C., Read, S., Morrell, C. J., Repper, J., Jones, R., & Akehurst, R. 1997, "Coming in from the cold? An analysis of research proposals submitted by the

Nursing Section at ScHARR, 1994-1997... Sheffield Centre for Health and Related Research... inc

Rafferty, A. M. & Traynor, M. 2000, Measuring the outputs of Nursing R&D, London School of Hygiene and Tropical Medicine, Centre for Policy in Nursing Research.

The Policy Research Department (PRISM), T. W. T. 1998, Mapping the Landscape. national biomedical research outputs 1988-95, The Wellcome Trust, London.

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The effectiveness of an intervention to increase publication rates by health professional academics

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Co authors: Matthew McGrail & Rebecca Jones

Abstract:

Background:
Health professionals are under increasing pressure to publish in the refereed literature. Despite this, many do not publish, and much research goes unreported. (1)

Objectives:
To evaluate the effectiveness of an intervention to increase publication rates of health professionals

Methods:
Participants were academic health professionals from fields including intensive care, emergency and nursing. An anonymous, self-report, web-based survey with a mix of short-answer and open-ended questions was used. 10 attendees at a one-week consultant led writing course, followed by ongoing monthly peer-support meetings were invited to participate. 2 years of data pre and post the writing course was obtained on publication rates and types, reasons for attendance and best and worst aspects. Quantitative and qualitative analysis occurred.

Results:
Most participants had no publication experience before the writing course. Afterwards, most published at least once. Overall publication rates increased four-fold. This resulted in average publication rates per person of 2 refereed articles per year as first or coauthor. Other reported benefits were support and motivation from the peer-group, teambuilding, increased collaborative writing and researching, plus improved confidence in writing ability. Excessive workloads were the most highly cited impeding factor.

Conclusions:
Writing for publication is a skill that can be learned. The evaluated model of a formal writing course, followed by informal monthly meetings, is an effective way of increasing publication rates.

Recommended reading:

1. Ramsden, P. (1994). Describing and explaining research productivity. Higher Education, 28(2), 207-226.

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Comparison the reliability and validity of three scales for measuring sedation -agitation

Michael Rassin, Nursing Research, Assaf Harofe Medical Center, Beer Yakove, Israel

Co authors: Ronit Sruyah. & Reut Naveh

Abstract:
A constructed assessment of sedation agitation states of patients in the ICU is a major component of their treatment, for it determines the level of sedation given. Lack of sedation might cause anxiety, restlessness and self-extubation. In contrast, over-sedation might cause respiratory arrest, low blood-pressure and bradycardia. Although there are many methods to assess the degree of sedation agitation, they rarely been tested for validity or reliability in Isreal.

The goal of the study was to compare the reliability and validity of three scales: SAS - Sedation Agitation Scale, RASS-Richmond agitation sedation scale, VAS -Visual Analog Scale, and to identify the most reliable and accurate scale. The research was prospective convenience sample included 79 patients from the ICU. 130 observations conducted simultaneously and independently by two nurses and one physician. The observing team was asked to mark the level of sedation or agitation according to the three scales. The mean patient age was 62.9 yrs, and 93.7 % were intubated.

Inter- rater reliability (high agreement) between the observing team was high among all three scales, and excellent for RASS (r=0.9). In validity testing RASS correlated highly with a VAS (r=0. 86) and SAS (r=0. 86) RASS is both reliable and valid tool for use with patient in the ICU. The research findings will help to assert RASS as a daily assessment tool in the ICU, and it will pave the way for construction of a sedation protocol according to the RASS level.

Recommended reading:

1) Hoffman H., Bobek, B.M., Mion, L.C., Legere, B.M., Banjac, S., VanKerkhov, K and Arroliga, C.A. (2001). Interrater reliability of 2 sedation scales in a medical intensive care unit: Apreliminary report. American Journal of Critical Care, 10, 79-83.

2) Saito, M., Terao, Y., Fukusaki, M., Makita, T., Shibata, O.and Sumikawa, K. (2003). Sequential use of midazolam and propofol for long term sedation in postoperative mechanically ventilated patients. Anesthesia and Analgesia, 96, 834-838.

De Wit, M; Epstein, S.K. (2003). Administration of sedatives and level of sedation: Comparative evaluation via the sedation- agitation scale and the bispectral index. American Journal of Critical care, 12, 343-348.

Source of funding:

Scholarship from the Director of Science, Ministry of Health, Jerusalem Isreal

44

Disinhibition and cyber identity in techno research

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Co author: Neil Jones

Abstract:
Internet based research as being reasonably well established in disciplines. Nursing research has been slow to exploit the internet as a data collection tool. An increase in interest due to ethical bureaucracy and the need for large national/international sample sizes can be predicted (Haigh and Jones, 2005) The development of electronic based research (Internet, e-mail, listserv etc) gives rise to ethical concerns associated with the way individuals react to and interact with virtual environments of cyber-space. Disinhibition is a phenomenon associated with all levels of electronic communication media and becomes more pronounced with increasing immersion in cyberspace. A number of authors have noted disinhibiting effects of cyberspace, notably Bruckman (2002) and Suler, (2004).

Research participants are often more prepared to share secrets and personal information and express themselves more openly in online environments. It has been reported that disinhibition is often associated with the degree of anonymity afforded by the virtual environments and the potential for concealment of off-line identity associated with the increasing immersion in the virtual world (Suler, 2004). Deeper levels of immersion in virtual worlds are also associated with the use of pseudonyms and development of virtual persona. These tend to obscure offline identity. The dichotomy between online and offline identity can present quite obvious difficulties for the nurse researcher in ascertaining participants' offline attributes such as age, sex, gender and race (Haigh and Jones 2005). This poster provides an overview of the key ethical issues posed by the online phenomena of disinhibition and virtual persona, including consent, privacy, verification and validity of identity. These are considered in terms of levels of threat posed to the research project and protection the research participant. Elements of Bruckman's (2002) work are offered as the basis of a developing ethical framework for techno research.

Recommended reading:

Bruckman, A (2002) Ethical guidelines for research online

Haigh, C Jones NA (2005) An overview of the ethics of cyber-space research and the implications for nurse educators. Nurse Education Today 25 (1) 3-8

Suler, J (2004) The Online Disinhibition Effect http://www.rider.edu/~suler/psycber/disinhibit.html (accessed 03/03/05)

45
Grounded theory: reflections on the analytic process

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Abstract:

Grounded theory is theory generated from data which is systematically gathered and analyzed through the research process. The data collection, analysis and the eventual theory are closely related to one another (Strauss and Corbin, 1998). One of the purported strengths of grounded theory is that there are explicit strategies that guide the researcher stepwise through an analytic process (Robson, 2002). This contrasts with a more general description of the qualitative data analysis as a 'not very well specified process' (Robson, 2002, p457).

As an antidote to this, this account aims to illuminate the analytic process used in a grounded theory study and offer insights to other researchers. Candid reflections on the difficulties and dilemmas faced during the analysis will be presented. These ruminations will be illustrated with examples from the analytic process employed in a study exploring older peoples' experiences of long-term urinary catheterisation.

The process of coding, central to analysis is defined by Strauss and Corbin (1998, p. 3) as the 'analytic processes through which data are fractured, conceptualised, and integrated to form theory'. Strauss and Corbin (1998) emphasise that analysis is the interplay between the researcher(s) and data, and that creativity is an essential component. Charmaz (2000) suggests that this analysis, which tells a story about people, social processes and situations, is composed by the researcher and not simply revealed. Multiple analytic decisions are made by every qualitative researcher (Charmaz, 2000) although they are not always made explicit.

The key focus in this presentation is to give a detailed account of the analytic process. The tensions experienced in keeping faithful to participants' voices and perspectives whilst acknowledging the researcher's own role in shaping the analytic process will also be described. This is one researcher's journey from the participants' spoken word to the emerging grounded theory.

Recommended reading:

Charmaz K (2000) Grounded Theory Objectivist and Constructivist Methods in Handbook of Qualitative Research 2nd ed. Eds. Denzin NK and Lincoln YS. California: Sage Publications.

Robson C (2002) Real World Research. 2nd ed. Oxford: Blackwell Publishing.

Strauss A and Corbin S (1998) Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory. 2nd ed. California: Sage Publications.

46
How is research evidence used in advertisements for wound care products?

Jo Dumville, Research Fellow, Health Sciences (Research), University of York, York, UK

Co authors: Nicky Cullum & Pauline Raynor

Abstract:

Background:

Advertisements for health care products are commonly found in many journals read by health care professionals. Such advertisements use research to support their product-related claims to varying degrees. The International Committee of Medical Journal Editors' (ICMJE) requirements [1] outlines appropriate practice with regard pharmaceutical advertising, for example by stipulating that the "juxtaposition of editorial and advertising material on the same products or subjects should be avoided."

Aims:

We aimed to assess how research is used in wound care product advertising. We also investigated whether the ICMJE guidance was followed.

Methods:

We identified all advertisements for wound care products in 2002 and 2003 printed volumes of one British and one U.S. wound care journal. Relevant data were extracted from each advertisement including: product claims made, the number and type of cited references, and placement of the article vis à vis relevant journal content. Where a product-related claim cited a journal article or data on file, we sought to obtain this material. We then assessed whether this material substantiated the relevant claim.

Results:

We identified 603 individual advertisements from 2 years of 2 wound care journals. This number reflected 217 different adverts, of which 193 (89%) made one or more product claim. Only 67 (35%) of advertisements cited any material to support claims made. These advertisements contained 128 product-related claims plus citation of which, 51 (40%) were claims supported by a journal article and 49 (38%) were claims supported by data on file. There were 85 cases (14%) where individual advertisements were placed near to articles, including editorials, about the product itself or a related product.

Conclusions:

A wide range of claims regarding wound care products are made in advertisements however good quality research is rarely appropriately used to support claims and advertisements are often placed in proximity to relevant editorial material.

Recommended reading:

International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, Updated October 2004. http://www.icmje.org/index.html#publish

47
Methodological challenges in researching the experience of medical outliers

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Co authors: David Ash, Ann McDonnell & Dan Wolstenholme

Abstract:

The practice of "outlying" medical patients is of increasing concern in UK NHS settings. In the UK an average of 7.5% of acute surgical beds are occupied by medical patients (The Audit Commission, 2003). Despite the size of the problem there is an absence of research to examine the impact of being an outlier in quality of care and clinical risk. In a local consultation of patients and staff, the authors of this paper identified concerns that patients who were outliers experienced problems in the quality and continuity of their care.

This paper reports on the methodological challenges encountered in a small qualitative study to explore the impact of being an outlier on care. The discussion will focus on three factors, first, ethics and recruitment, second, sampling and bias, and finally, the challenges in accessing hard to reach groups. The sampling strategy adopted for the study will be described along with the reasons for adopting the approach. This will be reviewed alongside the results of an exercise to map the characteristics of the outlier population.

This reveals a potential risk of sampling bias that will be discussed along with the implications for future studies. The existence of medical outliers may be a case of health inequality. Outliers may comprise some of our most vulnerable patients. They may be elderly, frail, have multiple pathologies and have particular communication needs. They may require specialist or comprehensive care and yet may not be allocated to an appropriate ward. Our experiences revealed that the characteristics of many of the outliers who are subsequently discharged from hospital may impede their involvement in research. This may compound existing health inequalities. The discussion will conclude with some reflections on and recommendations for future research.

Recommended reading:

Department of Health (2000) Shaping the future of the NHS: Long Term Planning for Hospitals and Related Services. A consultation document on the findings of the National Beds Inquiry; Department of Health. London

Audit commission (2003) Bed management: review of national findings Audit Commission. London

7. Richie J, Spencer L (1994): 'Qualitative data analysis for applied policy research' in Bryman and Burgess (eds.):Analysing qualitative data. London: Routledge, 173-194.

48

How do three nurses - professor of nursing research, nurse tutor & research nurse - develop an action plan to meet the needs of 772 nurses & midwives in a district general hospital?

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Co authors: Kathleen Dunne & Vivien Coates

Abstract:
Despite various initiatives relating to research and development, there still appears to be a research-practice gap within nursing organisations (Pallen & Timmins, 2002). A survey to review the status of nursing research within a district general hospital was completed. Questionnaires were distributed to all qualified nursing & midwifery staff (n=772) and 379 returned the questionnaire (49% response rate). 50% of staff were employed in the Trust for more than 15 years, and 53% of staff are in their current post 0 - 5 years, suggesting perhaps opportunity for career development within the Trust. 70% of respondents had an academic qualification.

A main barrier to participating in a research study was 'never had the opportunity' as well as lack of knolwedge or skills and being too busy. Using a Research & Development Culture Index (Clark et al, 2000), information in relation to context, knowledge and intent were collated. 86% strongly agreed that they were very keen to use research in practice and 82% strongly agreed that they knew how practice was influenced by research. However, 62% strongly disagreed that there were regular staff meetings to explore ideas and 48% felt they did not work as equal partners with other disciplines in order to change or develop practice.

This baseline survey informed what the nurses & midwives want in relation to research skills and what are important aspects to ensure a suitable working environment that fosters nursing research. An action plan must now be developed to promote an active research & development approach within the Trust. An analysis of the facilitators and barriers to this process will be presented.

Recommended reading:
Clark, C.L., Swallow, V., Schuster, G. & Scurfield, M. (2000) Appraising nursing research and development culture. RCN Research Society International Nursing Research Conference, Sheffield. April 2000

Pallen, P. & Timmins, F. (2002) Research-based practice:myth or reality? A review of the barriers affecting research utilisation in practice. Nurse Education in Practice, 2, 99 - 108

49

Descriptive realism: The application of Geertz's thick description to analyse sudden deathwork in emergency care.

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Abstract:
This presentation explains the 'descriptive realist' framework within an ethnographic study of sudden deathwork in three accident and emergency departments in northern England. The aim was to understand more clearly the nature of sudden death encounters performed by accident and emergency nurses, paramedics and traffic officers to create a more responsive service, which considers better, the needs and wishes of relatives and colleagues.

Nine focus groups, informant narratives and, the researcher's reflexive biography, formed the data gathering instruments. Geertz's (1975) 'thick description' enabled analysis and presentation of the findings using NUDIST NVivo software. Three sudden death patient careers emerged that were presented using thick description. Thick description, as an analytical instrument, values the richness of observations, contextual awareness and, command of expressive language.

It unravels complex cultural categories, e.g. 'last offices', to arrive at a shared interpretation of what constitutes a given act. Denzin (1989) claimed thick description had two characteristics: first, in capturing meanings, actions and feelings within a given interaction and second; to unfold the interpretative meanings that individuals bring to the interaction. Denzin and Lincoln (1998) considered that thick description creates conditions for thick interpretation, transporting the reader through essential features or 'conceptual structures' of that described. Geertz (1975) cautioned against using thin description because it is impossible to engage with an activity such as sudden deathwork without knowing what constitutes that activity.

The relevant question is, 'What is getting said?' Descriptive realism provides a liberating discourse whereby the social world speaks for itself. Of significance, thick description creates a mechanism to expose the undercurrent of activity and cultural values, which institutions would rather not declare (Young, 1991). Thick description by the 'insider' with practical mastery of the system creates an honest view of the institution revealing, within this research, taboo aspects of sudden deathwork.

Recommended reading:
Denzin, N.K. (1978) The research act, New York, McGraw-Hill

Denzin, N.K. and Lincoln, Y.S. (1998) The landscape of qualitative research: theories and issues, London, Sage.

Geertz, C. (1973) The interpretation of cultures, New York, Basic Books.

Source of funding:
Employer

Theme: Cancer/palliative care

50

Attitudes toward voluntary active euthanasia (VAE) held by registered nurses undertaking university degrees in Northern Ireland

Fenglin Guo, Research Assistant, School of Health & Social Sciences, Middlesex University, London, UK

Abstract:
Background:
Voluntary active euthanasia (VAE) refers to the administration of a lethal drug or other methods to terminate the life of a patient who is in a state of constant suffering. It has been debated throughout the world. People's attitudes varied according to different race, gender, age, religion, and professions.

Aim:
To explore attitudes towards VAE of registered nurses who were undertaking university degrees.

Design:
A combined qualitative and quantitative research approach was used, including demographic measures, open-ended questions and a validated euthanasia attitude scale. Registered nurses studying at a university in Northern Ireland were recruited in 2001. Questionnaires were distributed to 64 registered nurses, and 32 returned. A thematic approach was used to produce qualitative data. Data were also coded and analysed using SPSS (11.0).

Findings:
The emerged themes included:

(1) Religious beliefs were related to attitudes towards VAE.

(2) No respondents had witnessed VAE during practice.

(3) The numbers of those who endorsed VAE and those who opposed VAE were almost equal.

(4) Nurses with different working experiences have different attitudes towards VAE.

Significant difference was also found on religious beliefs. There was an even split in attitudes between those who supported VAE and those who opposed VAE.

Conclusion:
Findings suggested that nurses in this study have different attitudes from empirical findings in the field conducted in the UK with physicians and GPs, and nurses in other countries. Religious belief had strong influence on nurses' attitudes and decision makings.

Implications:
Nurses no matter what ages, religions or working fields they were, should be aware of the diverse views on the issues surrounding euthanasia for terminally ill patients. For the best interest of patients, they should be encouraged to consult with other health care professionals when they were constantly asked to assist in dying.

Recommended reading:
Kitchener B (1998) Nurse characteristics and attitudes to active voluntary euthanasia: a survey in the Australian Capital Territory. Journal of Advanced Nursing, 28(1), pp. 70-76.

McGlade KJ, Slaney L, Bunting BP and Gallagher AG (2000) Voluntary euthanasia in Northern Ireland: general practitioners' beliefs, experiences, and actions. British Journal of General Practice, 50(459), pp.794-7

Rogers JR (1996) Assessing right to die attitudes: A conceptually guided measurement tool. Journal of Social Issues, 52(2), pp.63-84.

51

Improving cancer patient's pain: The impact of the hospital specialist palliative care team

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Co authors: Valerie Hillier, Anne Williams & Jackie Oldham

Abstract:

Background

Pain is reported to occur in the majority of patients with advanced cancer varying with tumour type, spread of disease and disease treatments (Bruera and Portenoy 2003). Pain control is one of the main reasons for referral to a hospital specialist palliative care team. Yet despite this, there is limited research into the effectiveness of the hospital specialist palliative care team on pain control in cancer patients.

The aim of this study was to assess the effect of the hospital specialist palliative care team on cancer patient's reported level of pain

Method

A non equivalent control group design using a quota sample investigated 100 cancer patients who had been admitted to a UK University Hospital for symptom control. 50 patients received specialist hospital palliative care team intervention, compared with 50 patients receiving traditional care. Outcome was assessed using the Palliative Care Assessment (PACA) tool (Ellershaw et al 1995) on three occasions (within 24 hours of admission/ diagnosis or referral to the palliative care team, day 3 and day 7) that measured patients reported level of pain.

Results and Discussion

The results indicated that cancer patients admitted to hospital had a significant improvement in their pain control. There was no difference between the groups on the initial assessment of pain, which allows comparisons to be made between the groups. The patients who had the additional input of the hospital specialist palliative care team demonstrated a statistically significant greater improvement than the control group ($P \leq 0.001$). Potential explanations are made for the results including the enhanced knowledge and skills of the hospital specialist palliative care team regarding symptom assessment and management for cancer patients

Recommended reading:

Bruera E, Portenoy R(ed)(2003)Cancer Pain Assessment and Management Cambridge University Press. Cambridge.

Ellershaw J, Peat S, Boys L (1995) Assessing the effectiveness of a hospital palliative care team. Palliative Medicine 9:145-152.

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Survey on bereaved family support in end-of-life care in Japan

Yukiko Orii, Professor of Nursing Research, Faculty of Health Science, Tokyo Metropolitan University, Arakawa -ku, T, Japan.

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Abstract:

Background:

Bereaved family support is one of the important tasks in the palliative care setting. It is recently reported that the bereaved family support system is being developed in palliative care facilities in Japan. In this study, a survey on bereaved family support was performed to grasp nationwide trends as the first step in establishment of bereaved family support system as a part of end-of-life care.

Subjects and Methods:

Among 138 palliative care facilities in Japan approved as of April 2004, 59 facilities that had been approved 2 or more years previously and had 20 or more beds were randomly selected. The survey was conducted in October 2004, by sending questionnaires by mail. The questionnaires consisted of 12 items, and prepared for chief nurses to ask policy of the whole facility and for nurses to ask individual opinions. Ethical consideration: The consent was regarded to be obtained when the questionnaires were returned.

On the documents to ask their cooperation and questionnaires, the following matters were stipulated:

1) the survey was anonymous, and no facility or individual would be identified,

2) the results were treated as data without sacrificing confidentiality of respondents, and

3) no facility or individual would be penalized when they did not participate in the study.

Results:

Chief nurses in 30 facilities returned their questionnaire, and 96.7% of them answered "Yes" to the question "Is bereaved family support necessary?", and 83.3% to "Are there some bereaved family supports determined in the ward?" Concerning their satisfaction levels for bereaved family support, 30% of answers were "relatively insufficient". Furthermore, 83.0% "Involvement of nurses as specialists for bereaved family support is necessary". 440 nurses returned their questionnaire, and 96.8% of them answered "Yes" to the question "Is bereaved family support necessary?" Concerning their satisfaction levels for bereaved family support, 60.9% of answers were "sufficient for some matters and insufficient for other matters" In addition, 83.4% felt "Involvement of nurses as specialists for bereaved family support is necessary".

Discussion:

The results of our survey in Japan indicated that both chief nurses and staff felt the necessity of bereaved family support, but it had not formulated as a system yet. Since establishments of a framework and a system at the facility side were the issues of bereaved family support, it might be necessary to investigate the conditions required for the system formulation and to develop the support system as profession in future.

Recommended reading:

Matsushita T, Akabahashi A, Nishitateno K: (2002) The current status of bereavement follow-up in hospice and palliative care in Japan. Palliat Med 16:151-158

Ssakaguchi Y, Tsuneto S, Kashiwagi T, et al,.(2004) The current state of support systems for the bereaved in Japanese hospice and pallative care units. Jpn psychosom Med 44:697-703

Source of funding:

Grant-in -Aid for Exploratoty Research

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A randomised controlled trial of entonox and placebo in bone marrow biopsy

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Co authors: Deborah Burke Caroline Plews & Rob Newell

Abstract:

Background

Bone marrow biopsy is essential in investigation and treatment of many haematological conditions. Descriptions in the literature of pain caused by this procedure are variable and range from uncomfortable (Bain 2001) to extremely painful and traumatic (Mainwaring et al 1996). However, these are professional opinions rather than patient reports. For particularly anxious adults conscious sedation is sometimes used (Bain 2001). Although the use of conscious sedation has been shown to be effective (Mainwaring et al 1996), it is not without risk (Hall & Richardson 2003). The majority of patients currently receive local anaesthetic alone during bone marrow biopsy. However, it is suggested that use of local anaesthetic by itself is accompanied by significant patient discomfort (Wolanskyj et al 2000) 2003).

Aims

Compare pain experiences of patients receiving oxygen with those receiving Entonox.

Methods

In a double blind randomised controlled study, 48 patients were allocated by distant random allocation to receive either Enotox or placebo (oxygen), plus local anaesthesia, during bone marrow biopsy. Pain during the procedure was rated using a visual analogue scale. Patient satisfaction was also rated.

Results

Forty patients have completed the study. The final eight patients will complete in October 2005. Data analysis will be conducted using independent groups t-test, will be available by early November, and full results will be presented at the conference.

Discussion

Pain during bone marrow biopsy is widely reported. This is the first trial of Entonox in this patient group and is adequately powered. The RCT method was difficult to use in the context of routine nursing care, and some issues will be discussed. Conclusion If entonox is effective in controlling pain, this has implications for cost, service provision and staff training.

Recommended reading:

Bain B.J. (2001) Bone Marrow Aspiration. J Clin Pathol. 54 pp 657-663

Hall R.L.& Richardson D.S. (2003) Audit of midazolam sedation for bone marrow biopsy at Southampton university hospitals trust: an assessment of safe practice and adherence to guidelines. Brit.J. Haem. 121 (suppl.1), pp15

Mainwaring C.J. et al (1996) The role of midazolam-induced sedation in bone marrow aspiration/trephine biopsies. Clin.Lab.Haem. 18 pp 285-288.

Wolanskyj A.P. et al (2000) A randomized, placebo-controlled study of outpatient premedication for bone marrow biopsy in adults with lymphoma. Clinical Lymphoma. Vol.1, No.2, Sept. pp154-157

Source of funding:
Bradford Hospitals NHS trust Research and Development award.

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Factors influencing oncology patients being fed in an acute cancer centre

Angela Tod, Lecturer, Acute and Critical Care Nursing, Sheffield Teaching Hospitals Trust/ University of Sheffield, Sheffield, UK.

Email: a.tod@sheffield.ac.uk

Co authors: Claire Powell (Lead presenter), Denise Sharman, Clare Warnock & Marilyn Kirshbaum

Abstract:

Background:
There is national concern regarding the poor nutritional status of patients in hospital and the reported lack of time and resources for nurses to meet the nutritional needs of patients (Bond 1997). Nutrition has a unique dimension in the realm of cancer care. Factors associated with the disease process and cancer treatments challenge patients' ability to receive adequate nutrition.

Objective:
To identify barriers and facilitators to oncology in-patients receiving nutritional support in an acute cancer centre.

Design:
A qualitative study using non-participant observation and Matrix Display analysis (Miles and Humberman1994) Setting: Two wards in a regional cancer centre within an acute NHS Trust Participants: All ward staff, in-patients and visitors on the ward during data collection were involved in the study.

Results:
A range of interrelated factors were observed in relation to patients receiving nutrition. Five themes were identified; factors relating to the individual patient, the physical ward environment, routines regarding nutrition, ward work, and the social environment. A number of factors relating to the patient's physical condition and clinical symptoms were observed to affect nutrition. Examples were observed of how factors relating to the ward layout and routines regarding nutritional assessment and evaluation, ordering and serving of food impact on nutrition. Illustrations of how ward work and care interventions obstructed nutrition were identified. The social environment emerged as a new and important issue. Interactions between staff, patients and visitors were able to create positive and negative contexts within which nutritional needs are met. Examples of how the factors operate and potential solutions to problems related to nursing care are discussed.

Conclusion:
This study provides a new perspective on maintaining adequate nutrition in acute cancer care. A number of methodological issues related to observational studies and the collection of data regarding nutrition practice were also identified.

Recommended reading:

Bond S. (1997) Eating Matters Newcastle. University of Newcastle

Kowanko I. (1999) Nutritional care of the patient: nurse's knowledge and attitudes in an acute care setting Journal of Clinical Nursing 8(2):217-224

Miles MB & Huberman AM (1994) Qualitative Data Analysis (2nd edition). Thousand Oaks: Sage.

Source of funding:
Weston Park Cancer Appeal

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Research nurses and their role in the Wales Cancer Bank

Suzanne Williams, Wales Cancer Bank Research Nurse, Singleton Hospital NHS Trust, Cancer Institute, Swansea, UK

Abstract:

The Wales Cancer Bank (WCB) aims to establish a population based collection of blood, serum and paired samples of normal and tumour tissue, together with blood from a control population of a similar age resident in the same areas as the patients. The Government's NHS Cancer Plan (2000) prioritised the need to accelerate the application of research to clinical practice and the WCB collection will provide a research resource that will be invaluable in such translational research.

Research nurses are at the forefront of this initiative and are the public face of the project. Dedicated nurses are employed in hospitals across Wales and have been instrumental in introducing and integrating the pilot project into hospital routine within surgery and pathology departments as well as on the wards and in clinics. The enthusiasm shown by patients, when approached by WCB nurses for consent, has been overwhelmingly positive.

Patient consent is being registered on the NHS electronic clinical database currently being developed across Wales, CaNISC (Cancer Network Information, Cymru) to which the sample information is linked anonymised. The presentation will give an insight into the role of the research nurses, give an update on the status of the sample collection and highlight the positive feedback and encouragement received from patients. The WCB ultimately hopes that the provision of a standardised, quality assured collection of tissue samples, linked to clinical outcome, will help identify novel profiles for prediction and prognosis which will lead to individualised treatment, thereby influencing future diagnosis and avoiding unnecessary or ineffective treatments for patients.

Recommended reading:

Womack, C & Jack, A. (2000) Human research tissue banks in the UK National Health Service: laws, ethics, controls and constraints. British Journal of Biomedical Science 57;250-253

Goodman MT, Hernandez BY, Hewitt S, Lynch CF, Cote TR, Frierson HF Jr, Moskaluk CA, Killeen JL, Cozen w, Key CR, Clegg L, Reichman M Hankey BF, Edwards B. (2000) Tissues from population-based cancer registries: a novel approach to increasing research pote

Hoeye RK, Olofsson BO, Mjorndal T, Lynoe N..(2005) The ethics of research using biobanks:reason to qustion the importance attributed to informed consent. Arch Intern Med Jan 10;165(1):97-100

Source of funding:
Welsh Assembly Government

Theme: Children & young people

56

Children in clinical trials - should we be seeking assent from 6 and 7 year old children?

Tessa Waterhouse, Senior Research Nurse, Oxford Vaccine Group, University of Oxford, Oxford, UK.

Email: tessa.waterhouse@paediatrics.ox.ac.uk

Co author: Andrew Pollard

Abstract:

Background
More children are going to be involved in clinical trials as part of new drug licensing recommendations for the paediatric population (The European Parliament & The Council of The European Union, 2001). Even though published guidelines suggest the child should be the decision-maker where there is no clear benefit to him/herself (Royal College of Paediatrics and Child Health, 2000), there has been little study into the involvement of children in the process of consent for clinical trials. Whilst it may seem good practice to inform children about study procedures to ensure their involvement, the amount of information that should be provided and the weight a child's decision should carry are questionable. How best should we involve children in the consent process?

Aim
To explore the understanding of 6 and 7 year old children about their role in assent to an invasive research procedure, and to describe parental views on their child's ability to make a decision about participation.

Methods
The process of assent was explored on 85 children during a vaccine research study involving venepuncture. The child was questioned about their understanding of the reason behind the procedure. Information was given verbally to meet the assent requirements. Following a blood draw the child was questioned further to determine understanding of the information that had been provided. Parental views were ascertained by questioning. Video-recording of the visits was made to aid data analysis.

Results/Discussion/Conclusion
Data analysis is underway. Results of the study will be obtained by March 2006. These results will help guide development of the most suitable approach to obtaining the assent of children for participation in a clinical trial.

Recommended reading:

The European Parliament & The Council of the European Union (2001). Directive 2001/20/EC of the European Parliament and of the Council of 4th April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relat

Royal College of Paediatrics And Child Health (2000). Royal College of Paediatrics And Child Health: Ethics Advisory Committee. Guidelines for the ethical conduct of medical research involving children. Archives of Disease in Childhood 82, 177-182

Source of funding:
Oxfordshire Health Services Research Committee

57

Mixing methods in neonatal care; an exploration of premature infant feeding

Ginny Henderson, Staff Nurse, PhD Student, School of Nursing and Midwifery, University of Dundee, Dundee, UK

Abstract:

The first few months after birth can see premature infants having major complications with nutrition. By the time these babies are ready to go home from hospital they can face difficulties with feeding, growth-related problems and neurodevelopmental delays. All of these can impact on the infants and their families and hospital readmissions are common. This results in raised anxieties for parents along with increased NHS expenditure. Improving feeding practices and nutritional outcomes before and after hospital discharge may have significant implications for premature infants, their parents and health service resources.

A study to widen the understanding of this complex aspect of neonatal care was undertaken. A concurrent triangulation strategy was used in this mixed method design. This allows for quantitative data generated from assessing infant nutritional outcomes and feeding information provision recordings to be combined with qualitative data yielded from parents' expressions of their experiences of feeding at home. Bringing together different sets of data will enable an improvement in the overall understanding of premature infant feeding after hospital discharge.

The combination of qualitative and quantitative data is not a new concept however in more recent years it's involvement in health related research has become increasingly popular. The purpose of this paper is to illustrate how a mixed methods approach is best suited to addressing both clinical and social aspects of neonatal care, in particular feeding premature infants. It will also contribute to the growing body of evidence which supports the use of implementing mixed methods in health and social care research.

Recommended reading:

Adamson, J. (2005) In Handbook of Health Reseach Methods (Eds, Bowling, A. & Ebrahim, S.) Open University Press, England.

Cresswell, J.W. (2003) Research Design; Qualitative, Quantitative, and Mixed Methods Approaches, Sage, Thousand Oaks, CA.

Tashakkori, A. and Teddlie, C. (Eds.) (2003) Handbook of Mixed Methods in Social and Behavioral Research, Sage, Thousand Oaks, CA.

Source of funding:

NMAHP Research Training Scheme

58

Social representations of nursing in a sample of adolescents, using Q Methodology

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Co authors: Raquel Tomas & Rita Fernandes

Abstract:

Background:

The study of social representations has been increasing in the social sciences (Moscovici, 1988). Nursing has always been subject to a social representation that involves several myths and misconceptions (Street, 1995). Despite the importance of the way the public envisages nursing, not many studies have approached this.

Aims:

To categorize and understand the opinions relating to the social representation of nursing, in a sample of adolescents aged 13 to 18, with or without previous contact with the nursing profession. To raise awareness for the importance of the social image of nursing as healthcare qualified professionals..

Methods:

This is an exploratory study using Q Methodology. 55 Q sorts were created from focus groups with adolescents. Q sorts were grouped into 3 different categories: Nursing as a technical profession; Nursing as a human relations profession; and Nursing as a professional identity. They were then distributed to 65 adolescents (50.8% males). A total of 54 participants identified having had previous contact with nurses.

Results were analysed using QCOM (Gwilliam, 1995), and compared according to the existence/absence of contact with nursing. All sorts were then analysed as a whole to understand the wider picture.

Results and Discussion:

A total of 11 participants reported never having contact with a nurse. This group had similar images of nurses, mainly focused on their actions and competencies, and often relating to stereotypes. They also agreed with the sentences that defined Nursing as a socially stagnant profession. The group of individuals that confirmed having had previous contact with nurses (N=54) envisaged nursing as a technical and vocational profession, highly subordinate to medicine, but with a higher input of human skills (listening, supporting and talking to patients). When both groups were analysed together, the majority of the concordant sentences refer to nursing as a mainly technical profession, with poor social status. Most of the myths were contradicted.

Conclusions:

This study has shown slight differences in the representations of nursing, influenced by previous contact with nursing professionals. Because this is a qualitative study, results cannot be generalised. Therefore, further (quantitative) research would be beneficial to understand to what extent some of the opinions influence users' perspective of care.

Recommended reading:

STREET, A. (1995) Nursing Replay, 1st ed. Melbourne: Churchill Livingstone

GWILLIAM, J.(1995) QCOM Software, Reading: University of Reading.

MOSCOVICI, Serge (1988) Notes towards a description of social representations. European Journal of Social Psychology, 18,p.211-250.

59

Risk situations for health in children's and young people of Douro Region (Portugal): A comparative study about addictive behaviors and sexual behaviour

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Co authors: Amâncio Carvalho & Graça Carvalho

Abstract:

It is intended with this study to know and to characterize the habits of health of children and juvenile population (6 -18 years) of the Douro region, relating to tobacco consumption, alcoholic drinks, illicit drugs and sexual behavior. This is an descriptive and transversal study. The data was collected by a questionnaire self-conducted on line, drawed to the effect and the anonymity guaranted. To data treatment we turned to a statistical package (SPSS).

The sample was constituted by students of a school of the basic teaching - school A, and for students of a professional school - school B, both placed in rural zone and in the area of the Douro. School A: sex = 55,0%(22) feminine; 45,0%(18) masculine; average of ages: 11,50 ± 1,34 years School B: sex = 56,4%(31) feminine; 43,6%(24) masculine; average of ages:17,76 ± 1,83 years RESULTS: In the school A: - 15,0% of the and 5,0% of the already consumed alcoholic drinks; - the medium age of initiation was 10,5 ± 1,60 years; - in the last 30 days they consumed 1 time a month, being the wine the consumed drink; - 10,0% of the already consumed tobacco; - the medium age of initiation was 13 ± 1,15 years; - in the last 30 days they smoked 1 time a month; - they never consumed illicit drugs and they never had sexual relationships. In the school B: - 43,6% of the and 54,5% of the already consumed alcoholic drinks; - the medium age of initiation was 14,54 ± 1,41 years; - in the last 30 days 38,9% they consumed 1 time a month, 22,2% a weekend, 14,8% of 15 in 15 days and 11,1% 2 times a week, and the most consumed drink was beer (67,3%), followed by white drinks (25,0%) and wine (7,7%); - 77,8% of the youths were already drunk; - 30,9% of the and 40,0% of the already consumed tobacco; - the medium age of initiation was 14,54 ± 1,60 years; - in the last 30 days 25,7% smoked everyday, 10,3% at the weekend, and 7,7% of 15 in 15 days; - 14,5% of the and 12,7% of the already consumed illicit drugs; - the medium age of initiation was 15,47 ± 1,68 years; - in the last 30 days 42,9% it was consumed 1 time a month, 14,3% of 15 in 15 days and 7,1% in the weekend, being the cannabis the consumed substance; - 27,3% of the and 21,8% of the already had sexual relationships; - 33,2% of the youths didn't use measures of protection in the sexual relationships

CONCLUSIONS

This study is the necessary starting point, so that a community intervention in terms of promotion/education for health can have success, in order that the students can increase its literacy for health.

Recommended reading:

RODRIGUES, V. (2003). Hábitos de Saúde e Comportamentos de risco em estudantes do ensino básico/secundário; estudo da eficácia de um programa educacional de intervenção. [s.n.]. Tese de Doutoramento apresentada no Instituto Ciências Biomédicas de Abel Sal

- LAWLOR, A., & HOPKER, W. (2001). The effectiveness of exercise as an intervention in the management of depression: systematic review and meta-regression analysis of randomised controlled trials. British Medical Journal, 322, 1-8.

BROWN, A. e DOWLING, P. (1998) Doing Research: Reading Research - A Mode of Interrogation for Education. London: The Falmer Press.

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Food and leisure habits among young people of Douro Region (Portugal)

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Co authors: Vitor Rodrigues & Graça Carvalho

Abstract:

Summary

This is an descriptive and transversal study whose purpose is to characterize the life style of young people of a sample constituted for high school students (School A) and professional school students (School B), both placed in Douro Region. Some study objectives are:

(i) to know the food habits of study sample;

(ii) to characterize the leisure activities;

(iii) to classify the type of physical exercise practised;

(iv) to identify thematics that need to be worked in health education.

The data was collected by a questionnaire self-conducted on line, drawed to the effect and the anonymity guaranted. To data treatment we turned to a statistical package (SPSS). They answered to a questionnaire 95 students, 57,9% of school A and 42,1 % of school B. School A: sex - 55,0% feminine and 45,0% masculine; age average – 11,5 ± 1,34 years. School B: sex – 56,4 % feminine and 43,6% masculine; age average – 17,76 ± 1,83 years. In the school A, students make the first meal between 7.15 a.m. and 00.30 p.m., that in large majority is the breakfast (90%). They have breakfast all days (85,0%) and all students have lunch and dinner. The students that live more far from school are whose that have breakfast many times (Kruskal Wallis: p=0,033). However, only, 25,0% and 20,0% ingest, respectively, fruits and vegetables. We classified like thin 40% of the students. Only 5,0% practice physical exercise, 2 days a week. The leisure activitie, almost exclusive, is watch TV (90,0%). In the school B, the students have the first meal between 6.30 a.m. and 1.20 p.m., that for 94,5% is the breakfast. Have all days a week breakfast, lunch and dinner, respectively, 67,3%, 83,6% and 80,0% of students and only 21,8% and 10,9% ingest, respectively, fruits and vegetables all days: The boys ingest many times a week vegetables than the girls (Mann Whitney: p=0,019). In sample B, 60,0% practice physical exercise, predominantely (29,1%), 2 days a week. The boys practice many times than the girls (2: p= 0,014). The leisure activities are more diversificate: 81,8% watch TV and 74,5% meet friends. There are 12,7 of students with excess of weight.

We conclude about our study subjects that it´s necessary to insist on the importance of have a breakfast and a consumption of fruits and vegetables all days a week and to practice physical exercise with regularity, whose will contribute for a adequate weight and a healthy life.

Recommended reading:

MATOS et al. (1998). A saúde dos adolescentes de Lisboa. Estudo regional – Lisboa da rede europeia HBSC/OMS. Gabinete de prevenção da toxicodependência e Faculdade de Motricidade Humana.

DOWNIE, R.; TANNAHILL, C.; TANNAHILL, A. (2000). Health promotion. Models and values. 2ªed. Oxford: University Press.

HILL, M. e HILL, A. (2000) Investigação por questionário, Lisboa: Edições Sílabo.

61

Parents' experiences and perceptions of living with a child who has shunted hydrocephalus

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Co authors: Francine Cheater & Hilary Bekker

Abstract:

Aim

To explore parents' views of living with a child who has shunted hydrocephalus. Background Health policy emphasises the need to involve patients in the management of their long-term conditions (DH 2001). When the patient is a child, understanding the views and experiences of the parent is fundamental to enabling this involvement. Hydrocephalus is a condition normally identified in early childhood. The main treatment for hydrocephalus is the insertion of a permanent shunt. Shunt malfunction results in the child requiring hospitalisation and surgery to revise the shunting device before neurological damage occurs (Tuli et al 2004). Parents are responsible for monitoring their child's condition, identifying the symptoms of shunt malfunction and responding accordingly. There is little research exploring parents' experiences of living with a child with hydrocephalus, and their decision making about managing shunt complications.

Study design

A cross-sectional study employing qualitative methods.

Sample

Parents of children with hydrocephalus, invited to participate from two sources: national support network for parents living with a children with hydrocephalus; hospital ward treating children with shunted hydrocephalus. The sample is purposive to ensure children with a range of treatment experiences and ages are represented.

Procedure and Analysis Interviews with parents are structured using a schedule informed by prior research on carers' perception of illness and the impact of having a child with hydrocephalus. The interviews will be transcribed by a third party. A coding frame will be developed to classify parents' responses in accord with guidelines of thematic content analysis (Graneheim, Lundman 2004).

Findings

Ethical approval was granted August 2005, data collection commences October 2005, and preliminary findings will be available February 2006. The themes emerging from the data will be described and interpreted in the context of parents' involvement in the management of their child's shunted hydrocephalus.

Recommended reading:

Department of Health (2001) The expert patient. SO, London

Graneheim UH, Lundman B (2004) Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today 24: 105-112

Tuli S, Tuli J, Drake J et al (2004) Predictors of death in pediatric patients requiring cerebrospinal fluid shunts. Journal of Neurosurgery Pediatric edt. 100: 442-446

62

Young people with epilepsy and their quality of life

K Sitzoglou, Neurologist, Psychiatric Hospital of Thessaloniki, Greece, D Theofanidis, Nurse (MSc), Clinical Collaborator, ATEI, Thessaloniki, Greece and G Grivas, Neurologist, Psychiatric Hospital of Thessaloniki, Greece

Abstract:

Background:

Epilepsy is a chronic condition with a profound effect on the patient's quality of life. People with epilepsy, who may be perfectly normal apart from the fact that epileptic seizures occur or might occur from time to time, are commonly subjected to limitations on their daily activities ostensibly to protect them or others from injury or even death.

Aims:

Our main aim was to explore the effect of epilepsy on the patients and their ways of coping with the condition.

Sample:

We studied 56 young persons who have been attending our epilepsy outpatient clinic. These were 31 men and 25 women who had epilepsy for at least 5 years. Their mean age was 23, range 15-28, SD 2.3 and median 25.

Methods:

We used the Sintonen's 15D instrument and descriptive statistics to analyze our data. Sintonen's 15D is a generic, standardized, multidimensional instrument, which has 15 distinct measurable variables: usual activities, mental functions, depression, distress, sexual activity, vitality, mobility, sleeping, eating, speech, vision, hearing, breathing, elimination, discomfort & symptoms. It is self administered and it usually takes 5-10 minutes to fill in.

Results:

Analysis revealed that the subjects' 15D health related quality of life single index score varied between 0.68–0.95. The mean was 0.80, SD 4.3, median 0.77 and the mode 0.75. Unfortunately there are no norms for a Greek population so our results are compared with the international average 15D score for normal populations, which is 0.93.

Conclusions:

Epilepsy does not seem to have a significant effect on the senses, as the patients did not complain of any visual, hearing or speech problems in particular. On the contrary, it was clear that our sample has scored low on daily living, that is every day functioning, plus usual activities and habits. Sleep was also disturbed as many patients had moderate to severe problems in falling or maintaining sleep. Patients scored also quite low on vitality and sexual activities, which is consistent with their overall depressive mood.

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Methodological issues in exploring children's involvement in decision-making and partnership in the management of their asthma

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Abstract:

Past sociological research with children has been approached from the two extremes of seeing children as being just the same as adults or as children being different from adults (Punch, 2002). Researchers who consider children to be the same as adults employ the same methods used in research with adults (James et al. 1998), where children are treated as mature, competent people. However, this approach does not address the power imbalance between children and adult researchers and may result in the child not being enabled to speak on all issues of concern to them (Mayall 2000). Where children are seen as being different from adults, researchers use ethnography as the best method to understand the child's world. A problem with this approach is that is relies on participant observation often without recognizing that adults cannot fully enter children's social worlds as they cannot pass unnoticed as a member of a child group.

A combination of approaches which sees children as the same but different to adults is one solution to the above problems. How this approach works in practice will be examined here by showing how children can be engaged in the research process by believing that children are competent to report on their social worlds; but acknowledging their different competencies by employing participatory approaches such as drawing, photography and sticker charts. These approaches are combined with a semi-structured interview. In this way the involvement of children with moderate to severe asthma (aged 7 to 11 years of age) in decision-making about the management of their asthma at home and in the health care setting can be explored from the children's perspective in this ongoing PhD study.

Recommended reading:

James A., Jenks C., & Prout A. (1998) Theorizing Childhood. Polity Press, Cambridge.

Mayall B. (2000) Conversations with children working with generational issues. In P.Christensen and A.James (eds.) Research with Children Perspectives and Practices. Routledge/Farmer, London.

Punch, S. (2002) Research with children The same or different from research with adults? Childhood 9, 321-341.

Source of funding:

Economic and Social Research Council & Royal Brompton and Harefield NHS Trust

Theme: Critical care/rehabilitation

64

Objective diagnosis of delirium in the intensive care unit compared with patients' memories of their admission. Is there a link?

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Co authors: Brigit Roberts, Dorrilyn Rajbhandari & Pam Reynolds

Abstract:

Background

Delirium occurs in up to 85% of intensive care unit (ICU) patients and is a negative experience for patients, relatives and health professionals. Many people have disturbing or bizarre memories of ICU admission. No previous study has examined the link between these objective observations and subjective memories.

Aims

To investigate the relationship between ICU delirium and post-discharge memories of admission.

Methods

A multi-site study of three Australian ICUs. Ethics approval was obtained. Patients (n=152) were screened during admission using the Intensive Care Delirium Screening Checklist (ICDSC) (Bergeron, 2001). Patients who were discharged alive and had a follow-up postal address (n=103) were contacted at 18-24 months and invited to participate. Participants (n=41) undertook a telephone interview about their memories of ICU by interviewers blinded to ICDSC scores.

Results

Half (44%) of participants were delirious during admission. Half (49%) of respondents had only factual memories of the ICU. Another 34% had both factual memories, and recall of dreams/hallucinations. The minority recalled dreams/hallucinations (10%), or nothing at all (7%). The delirious group had higher recall of dreams/hallucinations (50% cf 39%), however this was not statistically significant (OR 1.56, 95%CI 0.45-5.41, p=0.49). Both objective delirium and subjective recall of dreams/hallucinations were significantly associated with increased length of stay.

Discussion & Conclusions

44% of patients reported dreams and delusional memories. Dreaming was more widespread in those delirious during admission (50%) than the non-delirious (39%). A larger study may have found this to be statistically significant. As many memories are disturbing, information and counselling should be offered to patients post-ICU.

Recommended reading:

Bergeron N, Dubois MJ, Dumont M, et al. (2001) Intensive Care Delirium Screening Checklist: evaluation of a new screening tool. Intensive Care Med. 27(5):859-64.

65

Model of adjustment to spinal cord injury

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Abstract:

Addressing quality of life issues in the spinal cord injured population is imperative as the majority survive their initial injury and longevity now approaches that of the general population. A literature review exploring objective and subjective quality of life, psychosocial adjustment, locus of control, and perceived health status was undertaken. The literature review strongly demonstrates that the impact of spinal cord injury is not confined to direct medical and physical consequences, but is compounded by social, environmental and personal factors. These factors include the social, educational, service provision and economic systems within the community. These have pervasive and profound influences on the quality of life for injured people and their carers. The model of adjustment concentrates on the five main themes namely Disruption to life, Intra-Person Resources, Strategies to manage disruption to life, Outcomes and Consequences and Factors that interact or impact on the effectiveness of the coping strategies.

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A study of work-related stress and coping strategies among critical care nurses' in a teaching hospital in Taiwan

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Co authors: Jennifer Boore & Mary Jenkins

Abstract:

The purpose of this study is to explore the relationship and investigate the differences between demographic characteristics, work-related stressors, stress responses and coping measures of critical care nurses in a hospital in Taiwan. This study used a cross-sectional, descriptive, correlation design.

A convenience sample (N=102) of critical care nurses from six different critical care units of a hospital participated. Subjects completed 4 questionnaires, the Work-related Stressors Questionnaire (WRQS), the Response to Stressors Questionnaire (RQS), the Coping Measures Questionnaire (CMQ) and Demographic Questionnaire. Descriptive analysis, Correlation coefficient, Independent T-tests, One-way analysis of variance (One-Way ANOVA), Post hoc test (Scheff test) were used for data analysis. It was revealed in the study that CCNs' main stressors were seriousness of patient's conditions, crisis atmosphere of unit, nurse/patient ratio, inexperienced junior medical staff, fear of making mistakes, exposure to unknown infection sources, and inexperienced peers.

Their most common stress responses were fatigue, frustration, anxiety, easily upset and insomnia. The major coping measures were watching TV, movies /reading, problem solving, discussing problems with colleagues, hobbies, going shopping and considering changing their job. Results of this study

indicated that work stressors were positively related to stress responses, but had no significant relationship with coping measures. Stress responses were related to maladaptive coping measures. The study also showed that work hours were positively related to work stressors and negatively related to adaptive coping measures. Moreover, CCNs with type A personality had less use of adaptive coping measures. Results of the study shown that a comprehensive critical care training course can help CCNs to perceive less severity of stress responses.

Emotional control courses can help CCNs to adopt adaptive coping measures more frequently. The study includes a discussion of the relationship between these findings and highlights recommendations for management and practice.

Recommended reading:

Kirchhoff, KT & Beckstrand, RL 2000, 'Critical Care Nurses' perceptions of obstacles and helpful behaviour avoiding end-of-life care to dying patients'. American Journal of Critical Care, vol.9, no.4, pp.96-105.

Thompson, W 2001, 'Workforce shortage, aging population strain ICUs'. Society of Critical Care Medicine,vol.13,no.1,pp.5-16.

Tyler, S, White, B & Muncer, S 1999, 'Nurses cognitive structural models of work-based stress'. Journal of Advanced Nursing, vol. 29, no.11, pp.974-983.

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User perception of sexual health amongst clients with traumatic brain injury

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Co authors: Mary Watkins, Anji Waring & Elizabeth Stenhouse

Abstract:

Background

Sexual health is an important consideration when managing clients with long term conditions (DH 2005, DH 2004). Approximately 1,000,000 people attend hospital per annum having suffered a head injury. The long-term effects of traumatic brain injury (TBI) can have serious detrimental consequences on individuals, family and society. Sexual health is a neglected area of brain injury management. Clients with head injury experience problems that affect their sexual relationships (Abelson et al, 2004).

Aim

To identify users perception of their sexual health, from a broader study concerning needs post traumatic brain injury.

Method

Study design was quantitative, descriptive, and non experimental, funded by European Social Fund (Objective 3) conducted in the SouthWest Peninsula, United Kingdom. Clients with TBI completed, on two occasions, a self assessment tool regarding activities of living and quality of life in a community setting. The tool, in the form of a checklist, consisted of 19 needs, one of which related to sexual health. Ethical permission to conduct the study was obtained. Using convenience sampling clients were recruited over a 12 month period. Analysis of results was undertaken using simple arithmetical calculations.

Results

Thirty one TBI clients participated in the study. Results of the self assessment tool show the clients' perception of their sexual relationship since injury in relation to each criterion. Overall, the majority of sexual health scores were rated as ⇠50 %.

Conclusion

The tool is effective in establishing a base line for the need: sexual health. For the majority of clients sexual dysfynction was an issue. Active participation of the client and partner, where appropriate, in need identification and health promotion is essential. Concerns related to sexual health must be managed effectively within a multiprofessional environment using various strategies.

Recommended reading:

Abelson-Mitchell, N.M.; Waring, A; Watkins, M; Spring, D and Butcher C. (2004). Education after Brain Injury Project Report. University of Plymouth. England. U.K.

Department of Health. 2005. NSF for Long Term Conditions. HM Government.

Department of Health. 2005. Choosing Health. Making Healthier Choices. HM Government.

Source of funding:
European Social Fund (Objective 3)

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Development of a self-assessment tool for people with traumatic brain injury

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Co authors: Mary Watkins, Anji Waring & Elizabeth Stenhouse

Abstract:

Background

In the UK, nearly 1,000,000 people per year attend hospitals having suffered a head injury. Needs assessments are wide ranging and complex. There are a number of tools for the assessment of clients with head injury, mainly developed for use by professional personnel, rather than clients and carers. When designing an effective assessment tool it must be accessible, acceptable, comprehensible, sensitive and enable clients to make accurate judgements about themselves and their level of function.

Aim

To develop a comprehensive assessment tool that could be used by clients with traumatic brain injury, and their carers to identify their perceived level of independence within a community environment.

Methods

Study design was quantitative, descriptive, and non experimental, funded by European Social Fund (Objective 3) conducted in the SouthWest Peninsula, United Kingdom. Research tools included a questionnaire and checklist related to 19 human needs. To ensure reliability the self assessment tool was completed on two occasions, with an interval of two weeks between Self Assessment1 and Self Assessment2. Mailed questionnaires and interviews were used to obtain data. Using convenience sampling, clients were recruited over a 12 month period. Ethical permission to conduct the study was obtained.

Results

Overall 33 clients and 12 carers participated in the study. Client feedback indicates that the tools were comprehensive and appropriate to their needs. All clients perceive their level of independence to be limited. Physical functioning was rated higher than cognitive/emotional recovery. Statistical testing indicates the tools are reliable. No significant differences occurred between clients ratings of SA1 and SA2. In a comparison of client and carer responses, significant difference were identified in four areas. Due to the limited sample size the results are not generalisable.

Conclusions

The self-assessment tool proved to be valid and reliable and identified clients perceived level of function. The tool can be used to enable the provision of appropriate rehabilitation and maintenance plans. The findings of this research are of value particularly in relation to user participation, the public health agenda and NSF for Long Term Conditions.

Recommended reading:

Abelson-Mitchell, N.M.; Waring, A; Watkins, M; Spring, D and Butcher C. (2004). Education after Brain Injury Project Report. University of Plymouth. England. U.K.

Department of Health. 2005. NSF for Long Term Conditions. HM Government.

The Royal College of Surgeons of England. (June 1999). Report of the Working Party on the Management of Patients with Head Injuries

Source of funding:
European Social Fund (Objective 3)

69

Critical care outreach: The need for ongoing evaluation

Lorna Johnson, Senior Sister, Critical Care Outreach, Leeds Teaching Hospitals NHS Trust, Leeds, UK

Co author: Claire Hale

Abstract:

Critical Care Outreach Teams (CCOT) have been increasingly introduced in the last five years in response to a growing concern about the appropriate management of the acutely ill patient in hospital (DoH 2000). Although the service evaluations undertaken to date have been largely positive about this intervention (Coombs and Dillon 2002), little work has been undertaken to ascertain if initial positive findings are sustained in subsequent years. This paper will describe a study which was undertaken to 1.ascertain whether or not the benefits of introducing a CCOT into a large teaching hospital in 2000 were sustained in 2004 2.explore whether or not the time that patients were followed up in the post discharge period had any impact upon the number of readmissions to the ICU The study was carried out in 2 stages with each data collection period lasting 3 months. The first stage (n=137) replicated a study carried out in the same hospital in 2001 shortly after the introduction of the CCOT (Pittard 2003).

The findings of this stage indicated that although length of stay of patients in ICU remained at the same lower level as Pittard's 2003 study, both readmissions to the ICU and mortality rate in ICU had now risen above pre CCOT levels. The second phase of the study (n= 72) evaluated the introduction of a new system whereby patients discharged from ICU were seen by the CCOT within 4hours of discharge. A comparison of the findings of Stages I and 2 suggested that earlier follow up was effective

in terms of reducing readmissions to ICU and ICU mortality.

There are many compounding factors in evaluating the effectiveness of CCOTs such as the difficulty in finding suitable parameters to measure and the impact of extraneous variables such as staff shortages and ward closures upon these parameters. These issues will also be discussed.

Recommended reading:

Coombs M. Dillon A (2002) Crossing boundaries, re-defining care: the role of the critical care outreach team. Jn of Clinical Nursing. 11(3):387-93

Department of Health (2000) Comprehensive Critical Care: a review of adult critical care services DoH London

Pittard A.J (2003) Out of our reach? Assessing the impact of introducing a critical care outreach service. Anaesthesia 58,9,882-885

Theme: Cardiothoracic nursing care

70

Increased all-cause and cardiovascular mortality in maturity onset diabetes of the young (MODY 3)

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Co authors: Andrew Hattersley & Ewan Pearson

Abstract:

Background

MODY is a genetic sub type of diabetes accounting for 1-2% of diabetes in the UK (around 20,000 people). Patients with mutations in the HNF-1alpha gene (MODY 3) develop diabetes at a young age resulting in lifelong exposure to hyperglycemia. Additionally, they have a high, but atypical HDL that it is large and buoyant (Pearson 2003) and decreased expression of a novel apolipoprotein (apoM) that is responsible for the formation and metabolism of HDL (Wolfrum 2005). Increased microvascular and macrovascular risk has been described in MODY3 (Isomaa 1998), but the cardiovascular mortality is unknown.

Aims

To assess all-cause and cardiovascular mortality in HNF-1alpha mutation carriers

Methods

Data collected on all-cause and cardiovascular mortality of deceased family members was compared in 51 HNF-1alpha mutation carriers with 51 controls (spouses and non-diabetic siblings).

Results

All cause mortality was increased in HNF-1alpha patients compared to the controls both in males (median survival 69 v 83 years) and females (75 v 81 years) log rank test sex adjusted p=0.002. For cardiovascular and cerebrovascular death, survival was reduced in the HNF-1alpha group compared to the controls (log rank p=0.0001) but there was no difference in other causes of death (log rank p=0.1). Discussion Our results indicate it is essential to monitor traditional risk factors associated with cardiovascular disease in HNF-1alpha patients. Additionally, lipid profiles should be assessed with caution in view of the abnormal HDL and decreased expression of apoM.

Conclusions

We have identified increased all-cause mortality due to increased cardiovascular mortality in MODY3 compared to non-diabetic controls. This suggests that isolated prolonged hyperglycemia predisposes to ischaemic heart disease even in the presence of a seemingly protective lipid profile. We suggest that a change in the management of these patients is required. Introducing lipid-lowering medication should be considered in all adults with MODY3.

Recommended reading:

Isomaa B et al 1998. Chronic diabetic complications in patients with MODY3 diabetes. Diabetologia 41: 467-473

Pearson E et al 2003. HDL-cholesterol: differentiating between HNF-1alpha MODY and Type 2 diabetes. Diabetic Medicine 20 (S2): 15

Wolfram C et al 2005. Apolipoprotein M is required for preß-HDL formation and cholesterol efflux to HDL and protects against atherosclerosis. Nature Medicine 11 (4): 418-422

71

Non-adherence remains a major problem in 'difficult' asthma

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Co authors: Anne Lazenbatt & Liam Heaney

Abstract:

Introduction:

Approximately 5% of adult asthmatics remain difficult to control despite maximal maintenance therapy being prescribed (Barnes & Woodcock 1998). Corticosteroids are the cornerstone of asthma treatment, however poor adherence with therapeutic regimes is prevalent in all severities of asthma and is a probable cause in some difficult to control cases (Rand & Wise 1994). Management strategies which address this issue within the difficult asthma population need to be studied, however we first need to understand the extent of the problem.

Aim:

Prescription refill rates have been found to be an accurate and practical method of identifying poor adherence (Sherman et al 2000). Our aim was to determine the number of patients attending a difficult asthma service who were significantly non-adherent to prescribed inhaled corticosteroids (prescription filling of ≤50% of prescribed).

Method:

Patient prescription refill data for inhaled corticosteroids for the preceding 6 months was obtained from GPs. Refill rates were compared to prescribed medication and expressed as a percentage.

Results:

143 subjects were assessed, of those 57 (40%) were non-adherent [7 (5%) none available]. Of those who were non-adherent 4 (7%) were taking ⇦ 10% of prescribed inhaled steroids, 10 (17%) were taking 10 - 20%, 17 (30%) were taking 31-40% and 26 (46%) were taking 41-50%. Of those taking ≥ 50% medication [79 (55%)], 24 (30%) were taking ⇨100%, 36(46%) were taking 71-100% and 19(24%) were taking 51-70%. Many of those who were non-adherent requested multiple beta-agonist inhalers (6 month period, median 8, range 0 to 88), suggesting that symptoms remained prominent and retrieving prescriptions was not the primary problem.

Conclusion:

Despite severe symptoms and attendance at a difficult asthma service a significant proportion of patients remain non-adherent to inhaled corticosteroid therapy. These results support the need for the development of strategies to improve adherence in this population.

Recommended reading:

Barnes, PJ.Woodcock, AJ. (1998) Difficult Asthma. European respiratory Journal, vol 12, pp 1209-1218

Rand, CS. Wise, RA. (1994) Measuring adherence to asthma medication regimens. American Journal of Respiratory and Critical Care Medicine, vol 149, S 69-76

Sherman, J. Hutson, A. Baumstein, A. Hendeles, L. (2000) Telephoning the patient's pharmacy to assess adherence with asthma medications by measuring refill rate for prescriptions. Journal of Pediatrics, vol 136, pp 532-536

Source of funding:

Research and Development Office

72

Patients with heart failure and their experiences of loop diuretic therapy

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Email: Audrey.Alimo@nwlh.nhs.uk

Co author: Dave Sookhoo

Abstract:

The first line treatment for symptom relief of heart failure is loop diuretic therapy. Use of diuretics for heart failure preceded randomised controlled trials, and unlike other commonly used heart failure medication, little is known about their impact on the quality of life.

The aim of the study was to explore day-to-day experiences of patients with heart failure in relation to loop diuretic therapy. The following questions were formulated: What are the lived experiences of patients with heart failure and loop diuretics?

Do the effects of loop diuretic therapy disrupt lifestyle and if so, to what extent?

What coping strategies do patients use to adapt to the influence of loop diuretics?

The study design was a qualitative approach using grounded theory. Six patients were interviewed. Findings indicate that patients who comply with loop diuretic therapy experience significant disruption to their daily lives. It was theorised that, patients with heart failure, who are prescribed loop diuretic therapy and who comply with treatment, are likely to be tolerant of side effects because of their implicit trust in health professionals. They perceive loop diuretics to be beneficial because they relieve symptoms and because they want to be 'good patients'. This enhances compliant behaviour. In time, as knowledge and skills develop, patients learn to accept their circumstances, and engage in self care strategies. Throughout this process trust in health professionals remains firm and they assume an autonomy that is acceptable to them. Knowledge gained from the study may influence practice by increasing health professionals' awareness of how patients live with and manage the effects of loop diuretic therapy.

Recommended reading:

Department of Health (2003) The National Institute of Clinical Excellence Guidelines for the

Management of Chronic Heart Failure. London: The stationary office.

Bennett, S., Cordes, D., Westmorland, G., Castro, R. & Donnelly, E. (2000). Self care strategies for symptom management in patients with chronic heart failure. Nursing Research. (online). 49,(3), p.139–145. Available from: http://gateway.uk.ovidweb.cgi.

Bennett, S., Milgrom, L., Champion, V., & Huster, G. (1997). Beliefs about medication and dietary compliance in people with heart failure: an instrument development study. Heart & Lung. 26, (4), p.273-279.

73

What are the effects of long term oxygen therapy (LTOT) used in the management of hypoxice Chronic Obstructive Pulmonary Disease (COPD) patients and their carers on disease perception and coping styles

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Co authors: Christine Hallett & Ann Caress

Abstract:

Background

Oxygen therapy has been valued in medicine since it was pioneered by Joseph Priestley an English Scientist in 1774 (Petty 1998) Despite two major multi-centre randomised controlled trials in the 1980's (NOTT 1980,MRC 1981) demonstrating the clinical benefits of LTOT, there is little published research focusing on the patients' experiences of living with LTOT.

Aim

The aim of this hermeneutic phenomenological enquiry is to gain insight into the views, feelings and experiences of patients and their carers at the onset of LTOT.

Objectives

The objectives for this study are;

1. To explore whether LTOT impacts on disease perception in this client group
2. To gain insight into individual coping strategies
3. To explore if patients and their carers understand why LTOT has been commenced 4. To gain insight into patients and carers feelings and emotions when LTOT is first prescribed and whether these change over time
5. To explore whether the provision of LTOT on patients with COPD impacts on their carers/ spouse
6. To identify if gender has any impact on coping strategies Sampling As is commensurate with the qualitative nature of this research the sample size is small (6 males, 6 females)and their carers.

Data collection

Data will be collected by semi structured interviews with the key informants in their homes at the start of LTOT, 3 months later with a final interview at nine months (72 interviews). This time scale is chosen to identify if feeelings and emotion change over time (Bryne 2001).The interviews will be audio taped,transcribed and indexed on NVIVO.

Data analysis

Data analysis will be achieved by adopting Van Manen (1994) hermeneutic phenomenological reflection to identify meaning units, structures of meaning and themes. This research forms the basis of a PhD study which will not be complete at the time of the conference. It is envisaged that the study will be at the analysis phase with most of the interviews having been completed. if successful with my application I intend to present; background into COPD/LTOT, gaps in the literature,research methodology and analysis to date.

Recommended reading:

MRC (1981). Long term domiciliary oxygen therapy in chronic hypoxic cor pulmonale complicating chronic bronchitis and emphysema. Lancet 28: 681-686

Petty,T.L. (1998) Supportive therapy in COPD.Chest 113:256S-262S

Bryne,M. (2001) Understanding life experiences through a phenomenological approach to research. Association of Operating Room Nurses.73(4):830-831

Source of funding:

Employer Pennine Acute Hospitals NHS Trust

Theme: Hospital/medical nursing

74

Intravenous fluid bags do not need routine replacement

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Co authors: Boun Vannapraseuth, Lorraine Keene, Matthew McGrail, Sam Rambaldo & Chloe Smith

Abstract:

Background:

Health Care Acquired Infection (HCAI) occurs in 6-12% of inpatients causing suffering, risk of death and costs [i]. Many HCAIs occur in intravenous catheters. A historical preventative strategy is replacement of intravenous infusion systems at routine intervals. Research suggests tubing and burettes may be used for ≥7 days, however, the effect of fluid bag use duration is unknown, and daily replacement continues in many hospitals. [ii] The CDC Guidelines state recommendations for length of use cannot be given due to lack of evidence.[iii]

Objectives:

Determine intravenous fluid bag microbial colonisation rates after ≥24 hours use. Document current clinical length of use for fluid bags. Investigate any time-dependant relationship to colonisation. Develop recommendations for the duration of intravenous fluid bag use.

Methods:

Controlled cohort study in a 10-bed critical care unit and 257-bed regional referral hospital. After ethical approval, samples were collected using aseptic technique from 264 fluid bags used ≥24 hours with peripheral, central venous or peripheral arterial lines. A control group of 261 never-opened fluid bags were also sampled. Fluids included saline and dextrose based crystalloids. Samples were cultured for 48 hours on blood; microbiological colony counts and speciation were recorded. Laboratory staffs were blinded. Data on potential risk factors was recorded including patient age, use of a burette, fluid type and intermittent disconnection of the intravenous tubing. Results: Patient-related fluid bags were used for a median of 34 hours (SD 1.8, range 21-185 hours/1-7 days). Colonisation occurred in patient-related samples (2.7%) and controls (6.9%) (p=0.02). Organisms in both groups were mainly dnase and coagulase negative staphylococcus at low counts. Median duration of bag use was not different (p=0.99) between colonised (35.0 hours) and sterile patient-related samples (34.0 hours).

Conclusions:

Colonised samples in both groups likely represent sampling contamination rather than fluid bag colonisation. Our results suggest intravenous fluid bags are not colonised after 24 hours of clinical use and there is no benefit in routine replacement. The risk of contamination when disconnecting the bag for routine replacement may be higher than the chance of removing a colonised bag. Approximately 500 million intravenous catheters are used annually. The results have implications for infection control, nursing time, equipment costs and environmental waste.

Recommended reading:

I. Plowman R. The socioeconomic burden of hospital acquired infection. Eurosurveillance 2000; 5:49-50.

II. Rickard CM, Lipman J, Courtney M, et.al. Routine changing of intravenous administration sets does not reduce colonization or infection in central venous catheters. Infect Control Hosp Epidemiol 2004; 25:650-655.

III. O'Grady NP, Alexander M, Dellinger EP, et.al. Guidelines for the prevention of intravascular catheter-related infections. Am J Infect Control 2002; 30:476-489.

75

The earthquake experience: A comparison between two hospitals

K Sitzoglou, Neurologist, Psychiatric Hospital of Thessaloniki, Greece, D Theofanidis, Nurse (MSc), Clinical Collaborator, ATEI, Thessaloniki, Greece, J Tsiptsios, Neurologist, "St. Paul" Hospital, Thessaloniki, Greece, and G Grivas, Neurologist, Psychiatric Hospital of Thessaloniki, Greece

Abstract:

Background:

A mass casualty disaster is a fearful likelihood for any country. An earthquake is a tragic possibility for countries with high seismicity like Greece, where a catastrophic earthquake near a metropolitan area would result in thousands of casualties. The recent earthquake in Athens revealed that the perceived level of preparedness of doctors and nurses was not satisfactory.

Aims:

The purpose of this study was to examine the attitudes and opinions of the health care professionals on the possibility of an earthquake and their potential responses. A straight comparison between two hospitals, one that had the resent devastating experience (Athens), and one that did not (Thessaloniki) was performed.

Sample:

The sample consisted of 245 respondents (55 doctors, 138 nurses and 62 auxiliary nurses) of whom 132 were working in a hospital in Athens. The majority were women (188) and they had been working for approximately 8 years on average.

Methods:

Data collection was conducted through a survey design via a questionnaire that respondents filled in during their own time. Non-parametric statistics were used for data analysis. Results: data analysis show that nearly all respondents were unsatisfied with the hospital's massive disaster plan as they

thought it was not well prepared and easy to use. The great majority (86%) of all health care professionals noted the need for earthquake drills.

Conclusions:
Comparison between the two hospitals showed that the part of the sample that did not have a resent earthquake experience expressed a significally high confidence in their capabilities in a crisis situation. Nearly all respondents (76% doctors, 87% nurses and 74% auxiliaries) stated that they would stay close to the patient in any given situation. In conclusion the study showed that

a) there is a great need for education,

b) even greater need for drills & training,

c) staff seem to have a high morale but excessive self-confidence (Thessaloniki) and

d) staff that have a recent earthquake experience will not automatically transfer this to a present crisis (staff from Athens say they will act more or less the same way).

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Fostering dignity and respect in a hospital: The process and challenges of a collaborative action research project moving between the HE and Hospital contexts

Jayne Crow, Senior Lecturer, Anglia Institute of Health and Social Care, Anglia Ruskin University, Chelmsford, UK

Co authors: Lesley Smith & Iain Keenan

Abstract:

Background
The presentation is an overview of an ongoing collaborative Action Research project undertaken jointly between a hospital Trust and their local University.

Aim
To raise awareness of and improve practice with regard to issues relating to Dignity and Respect within the Hospital. I will show a few minutes of the video that was the catalyst for our Project. Made by the Trust, it shows service users talking in an open forum about their experiences of being patients at the Hospital.

Method
Within an Action Research Framework an education module was jointly developed and delivered by University and Trust staff using both classroom based sessions and workplace mentoring. Evaluative data as to the impact of the module on student experiences and changing practices in the workplace was collected by means of an open-ended questionnaire and focus group after each of three pilot deliveries. (12 students maximum each delivery).Thematic analysis of the questionnaire and focus group data was carried out. The researchers keep reflective notes of their thoughts and reflective conversations during the project.

Results
The data indicated that students valued the educational experience very highly and a number of themes were identified centering on 'change' in attitudes and in the clinical environment. We acted on the findings by:

- Targeting a specifically modified version of the module at ward managers.
- The formation of a Dignity and Respect Action Group within the Trust to offer continuing support to students who had completed the module and to aid and facilitate them in changes in practice.

Discussion and Conclusion
This collaborative work is ongoing and the nature of our Action Research and our role as researchers change as the project moves between the education and hospital contexts. We will discuss the issues and challenges that this has raised for us in anticipation that it may facilitate other similar collaborative enterprises.

Recommended reading:
Department of Health (2003) The Essence of Care: Patient focussed Benchmarks for Clinical Governance. DoH. London.

Winter, R. Munn-Giddings, C.(2001) A handbook of action research in health and social care. Routledge. London.

Source of funding:
APU (employer)

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Quality of life and uraemic symptoms in chronic kidney disease

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Abstract:

Background:
When compared to general population norms, quality of life (QOL) is suboptimal in end-stage renal disease. However, recent studies indicate that QOL is already imparied prior to the initiation of renal replacement therapy, implying that the initial decline in QOL originates in the chronic kidney disease (CKD) phase of the renal disease trajectory. Given the significance of QOL as a clinical outcome, there is a paucity of QOL research in CKD.

Methods:
We have undertaken a study of 40 patients (mean age 63.0 years) with moderate renal impairment (creatinine clearance between 60 and 40 ml/minute). We measured subjective QOL (Schedule for the Evaluation of Individual Quality of Life - SEIQOL), uraemic symptoms (Leicester Uraemic Symptom Scale -LUSS), and several laboratory variables (haemoglobin, creatinine, urea, albumin, bicarbinate).

Results:
Significant univariate associations existed between SEIQOL and LUSS1 (symptom number) (r=-0.46, p=0.001), LUSS2 (symptom frequency) (r=-0.48, p=0.001), LUSS3 (symptom intrusiveness) (r=-0.59, p≤0.001), and age (r=0.44, p=0.002). Multivariate regression analysis demonstrated that intrusiveness of uraemic symptoms (LUSS3) and age together explained 42.3% of the variance of SEIQOL.

Conclusion:
The results indicate that uraemic symptoms occur early in the course of chronic renal disease (≥50% patients experienced sleep disturbance, muscle spasm/stiffness, excessive tiredness, and pain in bones/joints) and may be important determinants of patients' perceptions of QOL. These findings have important implications for early symptom management, to enhance QOL and to prevent its potential decline.

Recommended reading:
Klang, B., Bjorvell, H., Clyne, N. (1996). Quality of life in predialytic uremic patients. Quality of Life Research 5: 109-16.

Korevaar, J.C., Jansen, M.A.M., Mercus, M.P., Dekker, F.W., Boeschoten, E.W., Krediet, R.T. (2000). Quality of life in predialysis end-stage renal disease patients at the initiation of dialysis therapy. Peritoneal Dialysis International 20: 69-75.

Rocco, M.V., Gassman, J.J., Wang, S.-R., Kaplan, R.M. (1997). Cross-sectional study of quality of life and symptoms in chronic renal disease patients: the modification of diet in renal disease study. American Journal of Kidney Diseases 29(6): 888-96.

78

Do we measure up? Using patient involvement to enhance the practice of using thrombo-embollic deterrant (TED) stockings

Tim Clark, Senior Lecturer, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, UK

Co author: Linda Cowie

Abstract:
The incidence of deep vein thrombosis (DVT) has been identified as a major complication of hospital admission (Maylor, 2001) and has sometimes been under reported (Wilmott and Alikhan, 2002). Although TED stockings have been seen to be a valid means of reducing the incidence of DVT(Ingram, 2003), little is known about the patient's understanding and experience of using them. A purposive sample of 12 participants were recruited from 100 patients recently discharged from medical, surgical and midwifery areas. The Nursing and Midwifery Research and Development Forum used telephone interviews to explore their understanding and experiences. Themes identified included 'a lack of measuring', 'skin care', 'stocking care' and 'instructions for discontinuation'. The themes were used to develop a patient information sheet which was further discussed with some of the participants in a focus group interview. The refined sheeet and the fidings of this study were used to revise and inform Trust policies

Recommended reading:
Ingram J (2003) A review of thigh-length vs knee-length anti-embolism stockings. British Nursing Journal. 12(14): 845-851

Maylor ME (2001) Compression award. Accurate selection of compression and antiembolic hosiery. British Journal of Nursing. 10 (18): 1172,1174,1178

Wilmott R, Alikham R (2002) Venous thromboprophylaxis in acutely ill patients: nursing role. British Journal of Nursing. 11 (19): 1248-125

Source of funding:
East Kent R and D Fund

Theme: Mental health

79

Predictors of depressive symptoms on aged solitary women in Taiwan

Pao-Chen Lin, Lecturer, Department of Nursing, Chung Hwa College of Medical of Technology, Tainan, Taiwan

Co author: Hsiu-Hung Wang

Abstract:

Background:
The living alone elders have been growing rapidly in Taiwan because of the change of family structure. Although depression has been viewed as characteristic of older women, the knowledge of the epidemiology of depression on aged solitary women in Taiwan has been limited.

Objective:
The aim of this study was to examine the prevalence of depressive symptoms on aged solitary women and the relationship between depressive symptoms and variables, such as socio-demographics, length of lived alone, health status, and social support.

Methods:
A cross-sectional design was implemented. A convenience sample of 117 aged solitary women participated in this study. During face-to-face interviews, the Center for Epidemiological Studies Depression Scale (CES-D), Chronic Condition Checklist, the Social Support Scale, and Socio-demographic Inventory were used for data collection.

Results:
The results showed that 53.8% of aged solitary women were identified as the depressed on the basis of the CES-D Scale (scoring 16). The high depression scores were associated with:

(i) living region [e.g. urban versus rural odds ratio 0.15 (0.06-0.40)];

(ii) chronic illness condition [e.g. many chronic conditions odds ratio 1.39 (1.17–1.65)];

(iii) length of lived alone [e.g. ⟶ 2 yrs versus ⟵1 yr odds ratio 5.40 (1.58–18.45)].

Conclusions:
The findings of this study provide information for understanding depression among aged solitary women in community as well as information for designing community health care and for formulating policy to serve the older women who have been living alone.

Recommended reading:

Katz, I. R. (2004) Late-Life depression: Old truths and new lessons. Behavioral Health Management, 24(5), p.46-9.

Cole, M. G.. and Dendukuri, N. (2003) Risk factors for depression among elderly community subjects: A systematic review and meta-analysis. The American Journal of Psychiatry, 160(6), p.1147-56.

Schulman, E., Gairola, G., Kuder, L., & McCulloch, J. (2002) Depression and associated characteristics among community-based elderly people. Journal of Allied Health, 31(3), p.140-6.

Source of funding:
National Science Council (NSC 90-2314-B-273-005), Taiwan.

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Meeting the physical health needs of adults with serious and enduring mental health problems: A scoping exercise

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Email: Elizabeth.Khalil@nottingham.ac.uk

Co author: Sara Owen

Abstract:

Aim
To synthesize knowledge about meeting the physical health needs of adults with serious and enduring mental illness, and to inform the development of a larger scale study in partnership with local mental health user organisations.

Background
Adults with enduring mental illness have high levels of mortality and physical morbidity (Phelan et al 2001). This is frequently attributed to life style factors such as smoking, poor diet and lack of exercise, although lack of co-ordination among health professionals and the health system may also contribute (Meiklejohn 2003). As greater numbers of adults with mental illness have moved into community accommodation, responsibility for their physical health needs is often unclear (Beecroft et al 2001). Whilst a growing body of research has focused on the physical health problems of adults with serious and enduring mental illness; little is known about the diversity of need, the views and experiences of service users, and models of effective, acceptable and appropriate practice regarding the provision of health care to this client group.

Methods
The following methods are being utilised:

1. A comprehensive search and review of the research literature
2. A review of national guidelines and standards on physical health care
3. An electronic review of national initiatives and examples of good practice
4. Consultation with two local independent mental health service user organisations, The Nottingham Advocacy Group and Experts by Experience.

Results, Conclusion, Discussion
This study will be complete in January 2006, in good time for conference presentation. The findings from the study will be presented. These will provide practitioners and researchers with information on:

1. The different health care needs of the mentally ill
2. The views and experiences of service users
3. Models of effective, acceptable and appropriate practice regarding the provision of health care
4. Directions for further research

Recommended reading:

Beecroft N et al (2001) Physical health care for people with severe mental illness: The role of the general practitioner. Journal of Mental Health, 10(1), 53-61.

Meiklejohn C et al (2003) Physical health care in medium secure services. Nursing Standard, 17(17), 33-37.

Phelan M et al (2001) Physical health of people with severe mental illness. British Medical Journal, 322, 433-444.

Source of funding:
The Burdett Trust for Nursing

81

Gateway project: An innovative approach to accessing acute mental health in-patient beds

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Co authors: Carl Jackson, Adrian Galloway & Karina Lovell

Abstract:

Background:
Adults of working age admitted into beds in Manchester Mental Health & Social Care Trust stay, on average, for 69 days. This is much longer than the national average of 26.

Aim:
The study aims to reduce the length of stay for service users' admitted to an acute mental health in-patient setting by introducing specific alterations in service practices. These alterations involve the following: More pro-active management of illness, including earlier, briefer admissions, where appropriate Closer links between community and ward teams 20 in-patient beds on one ward to be used solely by two Community Mental Health Teams Joint ownership and responsibility of these processes between community and in-patient staff

Design:
Prospective exploratory study

Sample:
Data on care pathways were collated for a consecutive series of service users who were notified as potentially requiring an in-patient bed during a twelve month period.

Data Collection:
Relevant, standardised and streamlined assessment procedures of risk assessments, pre-admission plans, TAG scores, reason for requiring an in-patient stay, date of notification and date considered not to require an in-patient bed.

Data analysis:
Descriptive data will be presented on length of time logged as potentially needing an in-patient bed, number of admissions to an in-patient bed, length of stay and differences between the two teams.

Results:
A total of 132 (61 female) service users were recorded as potentially requiring an in-patient stay and accounted for 178 notifications (range 1-4). Admissions were avoided and diverted for 22 (16.7%) service users on 36 occasions.

Conclusions:
This study has improved the way information is collected about the purpose and function of an in-patient stay, who is ready for discharge and when, so that planning for discharge can start on admission or before. Recommendations: In conjunction with commissioners and the trust we will be using this information to share best practice and drive improvement.

Recommended reading:

Mental Health Needs of Manchester (2003) Report of the Working Party into Needs, R&D Directorate MMH&SCT

Acute Inpatient Care (2002) The Sainsbury Centre for Mental Health

Marks, I.M., Connolly, J., Muijen, M., Aundini, B., NcNamee, G., and Lawrence, R.E. (1994) Home-based versus hospital based care for people with

serious mental illness. British Journal of Psychiatry 165: 179-194.

Source of funding:
R&D levy

Theme: Older people

82

A survey of continence care in care homes for older people

Natalie Rodriguez, Research Assistant, School of Health Sciences, The University of Birmingham, Birmingham, UK.

Email: n.a.rodriguez@bham.ac.uk

Co authors: Cath Sackley & Frances Badger

Abstract:
Over half a million older people live in residential or nursing homes (care homes) in England and up to 83% suffer from incontinence (Roe & Doll 1999) with implications for clients, staff and family carers. Integrated services and increased staff training are key targets to improve assessment and treatment of incontinence (DoH 2000). As one strand of a larger study to improve continence in care homes, a survey in one local authority in the West Midlands aimed to establish levels of incontinence and approaches to continence promotion and management. An anonymous postal survey was developed, piloted and sent to managers of homes catering for people aged over 65, listed in the Social Care and Health services care home directory 2005. Freepost envelopes were provided and return of surveys taken as an indication of consent. Sixty-six (35%) surveys were returned; revealing that on average three quarters of residents were incontinent of urine and/or faeces. 53% (34 homes) staff had some form of qualification. Briefs and pads were used to manage incontinence in 54% of homes and advanced age was cited as the main cause of incontinence.

Over half the respondents identified who completed continence assessments but few could specify the process. 63% (41) homes used the continence advisory service and 69% (45) accessed district-nursing services but many appeared unclear of the functions of these services. There appear to be significant nurse and carer training needs to improve continence care in these settings. More work is required to fully integrate services so that all care staff and community services are collaborating to promote continence in the care home setting. The presentation will discuss the survey in detail, drawing out the implications for care staff and all nurses who deliver care in these settings and in relation to 'Caring in Partnership' (RCN 2004).

Recommended reading:

DoH (2000) Care Standards Act 2000: Guidance on continuing responsibilities of local authorities and health authorities following the transfer of registration and inspection to the National Care Standards Commission. HSC 2001/025. London: DoH

Roe B & Doll H (1999) Prevalence of urinary incontinence and its relationship with health status. Journal of Clinical Nursing 19: 178-188.

Royal College of Nursing (2004) Caring in partnership: older people and nursing

Source of funding:
Research into Ageing

83

Patient centred care for vulnerable older people

Clare Abley, Nurse Consultant, Directorate of Community Services, Newcastle PCT, Newcastle upon Tyne, UK.

Email: clare.abley@btinternet.com

Abstract:
This poster will provide visual representation of the interim findings of a social constructionist study of patient centred care for vulnerable older people in primary care. It will focus on key findings such as: emerging themes related to providing patient centred care; barriers / challenges and factors that facilitate patient centred care for vulnerable older people; typologies of vulnerability in old age and the similaries and differences between the "constructions" of older people, health, and social care professionals. It will also highlight further work required to complete the study (due to end in mid 2007. Although the term "patient centred care" is frequently used in policy (DH, 2001) and practice relating to older people's care, there has been no research focusing specifically on the provision of patient centred care for vulnerable older people in primary care from a social constructionist perspective.

The social construction of vulnerability in old age is also a neglected area. By addressing these two gaps in the literature, this study provides new knowledge which will assist health and social care staff in improving patient centred care for vulnerable older people. The aims of the study are to explore from a social constructionist perspective the provision of patient centred care for vulnerable older people within primary care, the factors that promote and barriers / challenges to this and vulnerability in old age (as a separate concept). The social constructionist paradigm used is informed by Burr(1995). Data was "generated" via unstructured focus groups (using a topic guide) with a range of older people, volunteers and health and social care professionals working with older people. Sampling was purposive. Constant comparative analysis was undertaken (Glaser, 1965)and a qualitative analysis software package (NVIVO) was used to assist with data management.

Recommended reading:

Burr, V (1995) An Introduction to Social Constructionism Routledge London

Department of Health (2001) National Service Framework for Older People DH London

Glaser, B (1965) The Constant Comparative Method of Qualitative Analysis Social Problems Vol. 12 pp.436-444

Source of funding:
HSA Charitable Trust Nursing Scholarship (PhD fees), Royal College of GPs

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The challenge for nurses maintaining dignity in long stay older adult units

Jill Murphy, Lecturer, School of Nursing and Midwifery, University College Cork, Cork, Ireland

Abstract:
Background
Dignity is the central phenomenon of nursing (Jacob, B.2001). However nursing has not operationally defined dignity and there appears to be only one tool that claims to measure dignity (Chocinov, H. Hack, T. McClement, S. Kristjanson, L. and Harlos, M. 2002). There is evidence to suggest that the health care system has failed in certain nursing care interventions to maintain the older adults dignity in long stay units, a factor attributed to the abstract concept of dignity and precise definition (Seedhouse, D.and Sholton, I.2002).

Aims
If nurses are to maintain patients dignity, nurses must have knowledge of the concept, and an awareness of how to deliver care whilst maintaining the older adults dignity.

Methods
The study is a quantitative descriptive study of registered general nurses perceptions of dignity working in long stay units for the older adult in Ireland. 60 registered general nurses (n=60) working in eight long stay units, returned a postal questionnaire, designed to describe how nurses perceive dignity whilst delivering care to the older adult patient. Attributes of a concept analysis were used to develop the questionnaire.

Results/Findings
Nurses maintained patients dignity on long stay units for the older adult. However areas where nurses compromised older patient's dignity were highlighted in this study.

Discussion
The study highlights the complex nature of the concept of dignity. Further research on developing a tool is required to be used as a contextual indicator as to why dignity is maintained and compromised in the older adult setting.

Conclusion
This study has been conducted at an early stage of development of research in Ireland, before the concept of dignity has been defined. By conducting further studies in long stay older adult units, and testing the effects of nursing interventions a higher awareness of dignity may occur.

Recommended reading:

Jacobs,B.2001.Respect for Human Dignity:A central Phenomenon to philosophically unite nursing theory and practice. Advances in Nursing Science 24(1),17-35.

Chocinov,H.,Hack,T.,McClement,S.,Kristjans on,L.,and Harlos,M.2002. Social Science and Medicine.54

Seedhouse, D.and Sholton,I.2002.Practical Dignity in Caring. Nursing Ethics.5(3).246-255

85

The voice of older people and professionals in intermediate care

Emma Stanmore, Lecturer in Nursing, School of Nursing Midwifery and Health Visiting, The University of Manchester, Manchester, UK.

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Abstract:
Background:
Intermediate care services have grown rapidly over the last few years. Yet, it appears from the literature that despite the push for user involvement in the development of services, sparse attention has been given to the views of older people (Petch, 2003). This exploratory study demonstrates how one Primary Care Trust addressed this deficit, in the northwest of England.

Design
A qualitative, primary research study was undertaken, using theory triangulation of patients' and professionals' views, to explore their perspec-

tives of a rapid response service (a type of intermediate care which provides health and social support for patients who have had an acute health problem in the means of community home-care, residential or nursing home care).

Methods
A total of twenty six focused interviews were carried out. Thirteen with patients who had recently used the service and thirteen with professionals who were named by the patient as their most significant service contact either prior or throughout the health problem. The constant comparison method of analysis was used to identify themes and categories within the data.

Results
Themes emerged which were associated with support, choice, independence and appropriateness and adequacy of care.

Conclusions
From the findings of the study, recommendations were made regarding improvements to the Rapid Response Service, particularly with respect to providing additional support for patients, their carers and professionals, focusing on preventive measures and providing training in nursing homes to raise standards and ensure a rehabilitative approach to care.

Relevance to clinical practice
This study demonstrates the relevance and usefulness of carrying out small-scale localised research to inform practice and improve the experiences of service users.

Recommended reading:
Petch, A. (2003) Intermediate Care: What do we know about older people's experiences? York, Joseph Rowntree Foundation.

86

Telecare – enhancing support for older people

Hazel Aldred, Research Associate, Medical Physics, Barnsley Hospital NHS Foundation Trust, Barnsley, UK.

Email: Hazel.Aldred@bhnft.nhs.net

Co authors: Simon Brownsell and Mark Hawley

Abstract:
Telecare involves the use of information and communication technology to support the delivery of care directly to people in their own homes (Audit Commission 2004). It can provide safety and security monitoring, physiological monitoring and information. In the UK a target has been set by which telecare should be available to all homes that need it by December 2010 (DoH 2002). The use of technology to support older people should be considered by nurses and others involved in providing services. This abstract presents emerging findings from a 3 year research project on telecare implementation, funded by the EPSRC. It aims to identify 'Trigger factors' or reasons why older people need increasing amounts of care and support and how telecare can help.

Methods
A literature review was undertaken to identify the 'Trigger factors'. More than 100 were identified. To determine the priority of the factors, a stakeholder event was held with participants representing health, social care, housing, voluntary services, carers, and service users themselves. Each trigger factor was 'presented' back to the group and they were asked to give a priority order of 1 to 5 bands of importance.

Results
36 Trigger factors were identified by stakeholders as being in the top 3 bands of importance. Further clarification regarding the prioritisation of the 36 trigger factors is currently ongoing with a postal survey to over 1300 participants. 66% of the trigger factors fall within the telecare domain.

Discussion
It is important to ensure that new initiatives meet the needs of all stakeholders, from end users to service providers and government. This research suggests that telecare has a role to play in the care and support needs of older people. Nurses and other care professionals need to take account of these results in the planning of future services.

Recommended reading:
Audit commission (2004) Implementing telecare. Strategic Guidelines for Policy Makers, Commissionersand Providers. Audti Commission.

Department of Health (2002) Delivering 21st IT Support for the NHS. National Strategic Programme. London.

Source of funding:
Engineering and Physical Sciences Research Council

Theme: Pain

87

The challenges of caring for patients with pain

Katrin Blondal, Project Manager and Staff nurse, Surgical division, Landspitali University Hospital, Reykjavik, Iceland

Abstract:
This paper presents a study of nurses' experience of caring for patients with pain. The focus will be on the findings. Nurses are professionally responsible for pain assessment, the administration of analgesia or other relief. As hospitalised patients continue to suffer from pain, nurses' performance is seen as inadequate. Few studies however have explored this issue from nurses' own perspective. The aim of this study was to generate an in-depth understanding of nurses' experience of caring for patients with pain with the purpose of improving patients' pain management. The research approach was interpretive phenomenology. Sampling was purposeful where ten nurses working on adult medical and surgical wards at three hospitals in Iceland participated in individual dialogues.

Data analysis was thematic. The findings suggest that the nurses consider themselves morally responsible for providing adequate pain relief. They assumed the role of the patients' advocates within a complex hospital environment. This role will be described along with diverse forces that inhibited or facilitated their performance such as fear of giving too much analgesia and the importance of having a voice.

The nurses were profoundly affected by how successful the pain relief was and support from co-workers and specialists in pain management was very important. Former studies predominantly focus on a single variable of pain management such as empirical knowledge deficit of nurses or institutional factors. This study explores other factors such as personal, relational and cultural aspects that simultaneously affect nurses' pain relief. This may help nurses and nurse educators to bring these other patterns of knowledge into practice and education. Conclusion: Nurses' needs for knowledge in pain management may be too narrowly defined. Many coexisting patterns of knowledge and a favourable organisational environment are essential for optimal pain relief.

Recommended reading:
Florin, J., Ehrenberg, A. and Ehnfors, M. (2005) Patients' and nurses' perception of nursing problems in an acute care setting, Journal of Advanced Nursing, 51, pp.140-149.

Sjöström, B., Dahlgren, L.O. and Haljamäe, H. (2000) Strategies used in post-operative pain assessment and their clinical accuracy, Journal of Clinical Nursing, 9, pp.111-118.

Halldórsdóttir, S. (2000) 'The Vancouver school of doing phenomenology', in Fridlund, B. and Hildingh, C. (editors) Qualitative research methods in the service of health, Lund: Studentlitteratur, pp.47-81.

Source of funding:
This study was funded by grants from the Icelandic Nurses' Association, Landpitali University Hospital Research Fund and RANNIS – the Icelandic Centre for Research.

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Do health care professional groups have similar knowledge and attitudes on pain, its assessment and its management? Results from a multi-disciplinary questionnaire

Julie Gregory, Acute Pain Clinical Nurse Specialist, Royal Bolton Hospital, Bolton Hospitals NHS Trust, Bolton, UK.

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Abstract:
Pain is a universal patient phenomenon; it is probably the most distressing symptom experienced by patients (Gloth 2001). Pain management deficits do however occur in practice with lack of knowledge of pain and its management often cited a reason for this (Simmons and Scudds 2001). Previous surveys have questioned mainly Registered Nurses and have been conducted within surgical and oncology specialities to assess their knowledge and attitudes to patients in pain. Twycross (2002) recommends further research into pain education and practice to change pain management for patients, with evaluation over a longer period of time. A questionnaire was distributed to the medical, nursing, pharmacy and physiotherapy staff, as part of a baseline assessment of pain management on acute medical wards at a district general hospital.

The aim of the survey is to assess the level of knowledge among the health care team caring for patients on acute medical wards and to identify any variation within and between the different professional groups responding to the survey.

Response rates varied between 40% from the pharmacists and physiotherapists to 10% from the non-registered nurses. The scores obtained varied from 20 to 100%, a score of 75 to 80% has been considered acceptable in previous studies of nurses. A varied knowledge of analgesia was demonstrated. The respondents indicated a wide range of pain assessment tools were used by the different professional groups leading to inconsistency in assessment. One of the professional groups in particular indicated a different attitude towards pain and its management compared to the other groups. The results from this survey do indicate a range of knowledge and attitudes to pain and its management, within and across the professional groups surveyed.

The results obtained have been used to raise awareness and produce pain management education sessions for the health care team.

Recommended reading:

Gloth FM (2001) Pain management in older adults: Prevention and treatment. Journal of American Geriatric Society. 49 188-199.

Simmonds MJ and Scudds RJ (2001) Pain disability and physical therapy in older adults: issues of patients and pain practitioners and practice. Topica in Geriatric Medicine. 16 (3) 12-23.

Twycross A (2002) Educating nurses about pain management: the way forward.. Journal of Clinical Nursing. 11(6) 705-714.

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Aromatherapy massage for the management of pain in multiple sclerosis

Amanda Howarth, Lecturer, School of Nursing, Sheffield Teaching Hospitals Trust/University of Sheffield, Sheffield, UK.

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Abstract:

Pain is a problem experienced by an estimated 60-70% of people with multiple sclerosis (MS); however it is commonly under treated (Howarth 2000). The study explores the experience of aromatherapy massage for patients diagnosed with MS and chronic pain to establish whether it is a useful strategy. Qualitative research methods were used namely phenomenology with a hermeneutic approach. Van Manen's (1997) 4 existentials; lived body (corperality), lived time (temporality), lived relationships (relationality) and lived space (spatiality) were used as a framework to contextualise issues raised by patients. Data collection involved in-depth interviews drawing on patient narrative and the use of reflective practice through field notes and a research diary to record the development of the therapeutic relationship. 12 patients enrolled and 11 completed. Patients were interviewed pre and post treatment.

Data was managed using NVivo and analysed by myself as researcher and practitioner. Analysis to date has produced some striking and promising data. Patients reported how their MS +/- the pain forced them to give up activities. They shared concerns for the future but drew comfort from the support provided by family and friends.

Post treatment, patients reported an improved sensation and sleep, less soreness, being more comfortable and a reduction in analgesia. 11 patients chose carry on using aromatherapy massage as a home management strategy Aromatherapy massage appears to be beneficial for pain in MS. It helps people to cope, improves their feeling of wellbeing and reduces their level of pain. It is felt that this is due to a combination of the massage and the therapeutic relationship between the patient and practitioner. Aromatherapy massage has the potential to offer a strategy that could be developed as part of clinical practice to help manage a difficult and unpleasant symptom.

Recommended reading:

Howarth, A.L. (2000) "Pain management for multiple sclerosis patients" Professional Nurse 16(1): p. 824-826.

Van Manen (1997) Researching Lived Experience State University of New York Press. New York.

Theme: Stroke

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The psychological reactions of hospitalised patients following a stroke

Hui-Man Huang, Associate Professor in Nursing, Nursing, Tajen University, PingTung, Taiwan.

Email: TEL9222662@hotmail.com

Co authors: Brendan McCormacK & W George Kernohan

Abstract:

Background

Stroke patients may have cognitive deficits and physical disturbance that result in burdens on families and society. The impact of stroke on the emotional outcome of patients is large. Physical rehabilitation after stroke is often promoted, while psycho-social factors are often neglected. Therefore, there is a need to explore the impact on the psychological reactions of hospitalised patients following a stroke.

Aim

To understand the psychological reactions of hospitalised patients after stroke.

Method

A qualitative approach was used. A total of 14 patients who had an intracerebral infarction were recruited from four hospitals in the south of Taiwan. Altogether, 28 loosely-structured interviews were conducted with hospitalised patients. NUD*IST software and cognitive mapping were used to manage and present findings.

Findings

Qualitative analysis resulted in the identification of patients' reactions which were categorised into two themes: 'loss-related psychological reactions': distress; loss of control; worthlessness; anger; worry; anxiety; and depression; and 'gain-related psychological reactions': feeling valued; feeling of courage; feeling of hope; and feeling of self-confidence.

Conclusion

The psychological reactions to stroke were complex dynamic responses that were impacted by both the personal physical and social environment conditions. Relevance to clinical practice. These findings could help nurses to understand how stroke patients felt during hospitalisation and help nurses to work effectively with them to enhance stroke nursing care.

Recommended reading:

Yoon S.S., & Byles J. (2002) Perception of stroke in the general public and patients with stroke: a qualitative study. British Medical Journal 324, 1065.

Clark M.S., & Smith D.S. (1999) Psychological correlates of outcome following rehabilitation from stroke. Clinical Rehabilitation 13, 129-140.

Wierzbicka A. (1995) Everyday conceptions of emotion: a semantic perspective. In Russell J.A., Fernández-Dols J.M., Manstead A.S.R., & Wellenkamp J.C. (Eds) Everyday Conceptions of Emotion: An Introduction to the Psychology, Anthropology and Linguistics

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Power as knowing participation in change: experience of hospitalised stroke patients

Hui-Man Huang, Associate Professor in Nursing, Nursing, Tajen University, PingTung, Taiwan.

Email: TEL9222662@hotmail.com

Co authors: Brendan McCormack & W George Kernohan

Abstract:

Background

Hospitalised patients often experienced a disruption of the sense of self and felt powerless. The experience of having a stroke can lead to a re-evaluation of the sense of self as a patient learns to live with powerlessness. Little qualitative-based studies explore stroke patients' empowerment during their recovery processes.

Aim

To understand patients' attributes of power after stroke during their hospitalisation.

Method

A qualitative approach was used. A total of 14 participants who had an intracerebral infarction were recruited from four hospitals in the south of Taiwan. Altogether, 28 semi-structured interviews were conducted with hospitalised patients. Barrett's power theory was used to help organise and summarise interview data. NUD*IST software and cognitive mapping were used to manage and present findings.

Findings

Qualitative analysis resulted in the identification of patients' attributes of power which was categorised into four categories: nature of awareness; degree of freedom; type of choices; manner of involvement. The 'awareness' category was subsequently reduced to seven subcategories which are: awareness of changes in body function; awareness of changes in social interactions; awareness of changes in lifestyle; awareness of changes in ability; prognostic awareness; awareness of meaning in life; and awareness about karma/ fate (ming). The control over patients' freedom is manifested through two subcategories: 'constrained freedom' and 'facilitated freedom'. Two sub-types of 'choice' usually acted by patients were: 'passive choice' and 'active choice'. Two types of involvement usually made by stroke patients: 'detached involvement' and 'attached involvement'.

Conclusion

Evidence demonstrated those patients' decisions to act or not was influenced greatly by their perceptions of their own power. This finding suggested that patients' power fluctuates over time. These findings could help nurses to understand how stroke patients empower themselves during hospitalisation and help nurses to work effectively with stroke patients.

Recommended reading:

Huang H.M. (2004) Psycho-social state of stroke patients participating in a health education programme: a mixed methods approach. Unpublished doctoral dissertation, University of Ulster, UK.

Burton C.R. (2000) Living with stroke: a phenomenological study. Journal of Advanced Nursing 32(2), 301-309.

Barrett E.A.M., & Caroselli C. (1998) Methodological ponderings related to the power as in change tool. Nursing Science Quarterly 11(1), 17-22.

Tuesday 21 March

13.30 - 15.00
Concurrent session 1

1.1.1

Debra Salmon, Reader in Community Health, School of Maternal and Child Health, University of the West of England, Bristol, United Kingdom

Co author: Judy Orme

Abstract:
This paper explores participation of 'hard to reach' young people in the development of a sexual health promotion drama project, including the formal research evaluation which was integral to the process (Orme & Salmon 2005). Reflecting on an evaluation of "Project Jump "a sexual health drama developed by "hard to reach young people" for socially excluded young people, it outlines the practice and research processes undertaken to encourage the meaningful involvement of young people who are typically excluded from such activities. In this instance participants were recruited from a Youth Inclusion Support Panel in an area of high social deprivation and a group of local authority "Children Looked After" and "Care Leavers".

The paper raises important methodological considerations facing practitioners and researchers when attempting working with hard to reach groups of young people. In particular, this evaluation raised important practical and ethical considerations for researchers, when working with young people experiencing a complex range of social and educational difficulties. In this instance, difficulties experienced were low educational attainment, regular drug use, poverty, family violence and a range of behavioural problems. Discussions about ethics; access; the nature of involvement; supporting involvement and sustainability are outlined. Building on traditional typologies of involvement we examine the impact of social exclusion on young people's ability to become involved in such initiatives (Harland 1995).

Outcomes demonstrate that a drama approach (including the active involvement of young people in the underpinning research) can offer an important alternative to traditional health promotion, in that both professionals and young people articulated positive aspects of involvement. This was expressed in terms of enthusiastic participation, empowerment and sexual health skills acquisition. Critical areas for consideration for policy makers, researchers and practitioners in employing a drama based approach to sexual health with vulnerable groups are discussed.

Recommended reading:
Orme J & Salmon D (2005) An evaluation of the development of Project Jump 2005: a sexual health drama project for 'hard to reach' young people. UWE, Bristol.

Harland J, Kinder, K. 1995. Buzzes and barriers: young people's attitudes to participation in the arts. Children and Society. 9(4):15-31

Source of Funding
Teenage Pregnancy Partnership

1.1.2

From tokenism to inclusive methodologies in research with children

Joan Livesley, Senior Lecturer, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom

Abstract:
Most children in the United Kingdom live their lives in the context of the home and school. However, some children may spend a significant proportion of their time in hospital. Commissioned reviews of research evidence reveal that hospitalisation for children may adversely affect their life-long mental health and physical well-being and hospitals continue to emerge as childcare institutions that pose significant risk to the safety of children. While it is recognised that children can make important contributions to how organisations work on their behalf, many researchers have relied on proxy adults to speak for children, leaving the experience of the child 'once removed' from the reports that follow (Johns 2003). More recently, the emerging orthodoxy that children are social agents and have the right to speak for themselves on issues that affect them is gaining acceptance (Mayall 2002). Indeed, children who have participated in research that has been used to effect change to the services offered to them report real satisfaction that their views have been heard and acted upon (Mencap 2004). This presentation will focus on how children who have been in hospital were engaged in the first phase of a prospective research study seeking to explore the views of children in relation to the hospital as a place of risk or safety. It will share a detailed analysis of how this led to the first step in acting on an inclusive methodology for partnership with children. In particular the presentation will detail how the children's initial contribution was used to develop the focus for current fieldwork, share the lessons learned and discuss how other researchers may avoid some of the pitfalls encountered. In this way, the presentation will explore how those interested in research with children can make the shift from tokenism to inclusive methodologies.

Recommended reading:
Johns M., (2003) Children's rights and power, charging up for a new century; children in charge series 9 Jessica Kingsley Publishers New York

Mayall B., (2002) Towards a sociology for childhood, thinking from children's lives Open University Press Buckingham

Mencap (2004) Listen Up Available at http://www.mencap.org.uk/html/listen_up/listen_up_3.htm accessed 20th September 2005

Source of Funding
None

1.1.3

"Look, that's me!" An analysis of photography as a method of exploring children's lived experiences of chronic illness

Helen Close, Research Associate, Centre for Clinical Management Development, University of Durham, Stockton on Tees, United Kingdom

Abstract:
This paper explores the dimensions of a methodological issue, namely 'photo-elicitation', used in a qualitative study into the lived experiences of chronically ill children. Photographs taken by the researcher are commonly used in ethnography and anthropology (Hurworth, 2003). It is much less common to ask participants to take the photographs themselves (Percy, 1995; Riley & Manias, 2004). This relatively underused method allows for the joint creation of meanings and interpretations of data in a way that shifts the balance of power towards the child as an active and competent interpreter of data. Exploration of the use of photo-elicitation contributes to the development of knowledge about a research method that is consistent with the current desire within health care to access the experiences and wishes of patients and has the potential for further exploration with other participant groups. This paper will examine:

- A theoretical rationale for the use of photography
- Practical and ethical issues surrounding the use of photographs as data
- Strengths and limitations of the use of photo-elicitation with children

Implications for future research with other vulnerable groups Children (n=9) between the ages of 8-17 years were given disposable cameras and asked to take pictures of anything in their lives that was important to them which then formed the basis for grounded theory interviews (n=15). The fact that the children chose the subject matter and took the pictures themselves ensured that emerging themes were culturally and socially meaningful to the child rather than the researcher. The use of photo-elicitation proved to be an effective way of allowing children to engage with the research process in a meaningful, fun and non-threatening way.

Recommended reading:
Hurworth, R (2003) Photo-interviewing for research Social Research Update 40 (Spring), 1-4

Percy MS (1995) Children from homeless families describe what is special in their lives Holistic Nursing Practice 9 (4), 24-33

Riley, R.G. & Manias, E (2004) The uses of photography in clinical nursing practice and research: a literature review Journal of Advanced Nursing 48 (4), 397-405

Source of Funding
University of Northumbria

1.2.1

Making a difference? The combined effectiveness of nurses' and doctors' communication with patients in multidisciplinary care

Sarah Collins, Lecturer in Health Care Communication, Health Sciences, University of York, York, United Kingdom.

Email: sfc1@york.ac.uk

Co authors: Ian Watt; Paul Drew, Nicky Cullum, John Local

Abstract:

Increasingly, nurses and doctors share the delivery of care to patients (1,2). Professional boundaries are shifting as nurses take on doctors' roles. It tends to be assumed that the very presence of this multidisciplinary input guarantees patient-centredness and improved quality. However, there has been little systemic, empirical investigation of exactly how doctors and nurses communicate with the same patients. Our ESRC-funded study (3) investigated this topic. This paper has two Aims: to describe distinctive and shared features of doctors' and nurses' communication with patients; to demonstrate our use of combined qualitative methods and disciplinary perspectives to research a multidisciplinary topic. Approval was granted by LRECs to use data from two multidisciplinary health care settings: head and neck cancer in secondary care and diabetes in primary care. The data comprised 100 video/audio recordings of consultations, 155 semi-structured interviews with all participants and 3 focus groups with nurses, doctors and patient representatives. The consultations were analysed using conversation analysis, and the interviews and focus groups using thematic analysis. We then employed an interdisciplinary approach (reflecting our different disciplines) to synthesise findings and develop recommendations for practice. Our analyses focused on particular consultation activities - treatment proposals, explanations and advice-giving.

We identified differences between doctor and nurse consultations (e.g. in the phrasing and delivery of responses to patient's questions, in introducing topics). Overall, we found that nurses' communication tended to be more dependent on interaction, connected with patients' (and doctors') contributions, and immediate in direction, tying with a prior utterance. Doctors' communication tended to be self-sufficient, distanced from patients' (and nurses') contributions, and imparted a sense of direction transcending others' talk. These distinctions reflect the real potential of nurses' and doctors' consultations to complement one another and serve different purposes in caring for patients; but this potential appears to be under-realised in practice.

Recommended reading:

The NHS Plan. A plan for investment. A plan for reform (2002) HMSO, Norwich

British Medical Journal (2000) Themed issue: doctors and nurses 320/7421, 15 April

Source of Funding

Effective consultations with patients: a comparative multidisciplinary study. Funded by the Economic and Social Research Council (project ref. R000223791)

Economic and Social Research Council

1.2.2

Nurses can treat strains and sprains but for heart and lungs you need to see the doctor

Sarah Redsell, Principal Research Fellow, School of Nursing, Nottingham University, Nottingham, United Kingdom.

Email: Sarah.Redsell@nottingham.ac.uk

Co authors: Clare Jackson, Adrian Hastings, Richard Baker, Tim Stokes

Abstract:

Background:

This study explored patients' accounts of their expectations of nurse and general practitioner consultations to determine whether any differences explain why previous studies have shown greater patient satisfaction after a consultation with a nurse (Horrocks et al 2002).

Method:

Interviewees were patients attending volunteer general practices for same day appointments. Semi-structured interviews were conducted using a topic guide. Interviewees with different ages, gender, ethnicity and presenting condition were included. They were interviewed before (n=27) and after (n=19) their consultation with either the nurse or general practitioner. All interviews were conducted by the same interviewer, audiotaped and transcribed verbatim prior to thematic analysis.

Results/Discussion:

Interviewees described making a 'lay diagnosis' and deciding who to consult with based on their perception of the severity of their symptoms and their preferences for practitioners who were known and trusted. Continuity was important, especially when chronic illness or difficult family circumstances were present. There was a trade off between seeing a preferred practitioner and early access. Some interviewees were wary when the initial consultation was with a nurse but accepted this knowing they could refer them to a doctor if necessary. For some this was based on previous experience. Examples of consequent frustration in relation to prescribing were described. Most interviewees had traditional views of doctors and nurses. Some interviewees considered nurses' roles were limited to treatment room tasks, but others felt they could expand. Most were uncertain about nurses' knowledge, competence and role boundaries in terms of making diagnosis and dealing with potentially serious illness.

Conclusions:

Nursing roles have changed particularly in primary care (Department of Health 1999,2002). Some people are still accessing services with the tacit assumption that nurses offer a limited range of skills compared to a general practitioner. Service/regulatory organisations need to be more explicit about the function of nurse practitioners.

Recommended reading:

Horrocks S, Anderson E, Salisbury C (2002) Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. British Medical Journal, 324, 819-823

Department of Health, 1999. Making a difference: Strengthening the nursing, midwifery and health visiting contribution to health and health care. London: The Stationary Office.

Department of Health. 2002. Liberating the talents. London: The Stationary Office.

Source of Funding

Scientific Foundation Board, Royal College of General Practitioners

1.2.3

Abstract withdrawn

1.3.1

A to B via PPI: the non-linear path to study design with public and patient involvement

Tracey Williamson, Research Fellow, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom.

Email: T.Williamson@salford.ac.uk

Co author: Alison Rawle

Abstract:

Aim:

To illuminate the complex process of user involvement from research idea to full study design; illustrate the value user involvement in research design; highlight why involvement processes can and need to be time-consuming I

Introduction:

Users of health and social care services are increasingly involved in research as informants or co-researchers and even in studies which are user-led or user-controlled. Distinctions between these types of involvement in research will be made and drivers for involvement summarised at the outset of this presentation. The focus will be on unpicking the detailed process of designing an evaluation study of a nurse-led intermediate care unit with meaningful user involvement from the outset.

Design process

The presenter was commissioned to undertake an evaluation study of a Primary Care Trust provided, nurse consultant-led service, with a request for action research. As is good practice, user involvement was employed from that point onwards (INVOLVE 2003, Oliver et al 2004) with a collaborative study between ex-patients, patient representative groups and health and social care staff being designed. In the research literature, design issues are usually summarised with small mention of any user involvement (Chambers et al 2004). Little commentary exists for researchers as to: how design choices were appraised, how the user voice was incorporated into design decisions, how involvement positively influenced the process, the reaction of staff co-researchers to user co-researchers and the steps taken to ensure design rigour was achieved whilst incorporating users' preferences. These issues will be discussed against the backdrop of the above study as a means of equipping participants with knowledge and insight to apply to their own practice when involving users in study design processes.

Conclusion

Participants will benefit from tips for success in achieving meaningful user involvement in research and the added value it may bring, without compromising design rigour.

Recommended reading:

Chambers R, O'Brian L, Linnell S & Sharp S (2004) Why don't health researchers report consumer involvement? Quality in Primary Care 12 (2), 151-157.

INVOLVE (2003) A guide to paying members of the public who are actively involved in research: For researchers and research commissioners, (who may also be people \who use services). INVOLVE, Hampshire.

Oliver S, Clarke-Jones L, Rees R, Milne R, Buchanan P, Gabbay J, Gyte G, Oakley A & Stein K (2004)

Involving consumers in research and development agenda setting for the NHS: developing an evidence based approach. Health Technology Assessment 8 (15).

Source of Funding
Chesterfield PCT

1.3.2

Involving patients and members of the public in research: the triumphs and challenges

Maggie Lawrence, PhD Research Student, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, United Kingdom.

Email: margaret.lawrence@gcal.ac.uk

Abstract:

Introduction:

The aim of my presentation is to inform students, researchers and health and social care staff who wish to involve patients and members of the public in the research process or in the design and delivery of services. The presentation opens with contextual information regarding my PhD and the role of the Advisory Group.

Background:

Government policy promotes the involvement of patients and members of the public in the design and delivery of health and social care services. This inclusive approach is reflected in research governance guidance which promotes the involvement of patients and members of the public in health and social care research as 'research partners'.

Main content:

This focuses on the barriers and 'facilitators' encountered as I established and managed the Advisory Group, which includes members with physical and cognitive disabilities. The barriers included aspects such as finance, lack of training and support and accessibility; 'facilitators' included accessing support websites and 'how to' guidelines. The benefits of participation to individuals, such as the provision of mutual support, and in terms of the research process, such as the quality and validity of qualitative analysis, will be discussed. Importantly, the group has undertaken evaluation of these aspects which constitutes a valuable addition to the growing evidence-base which supports the practice of such inclusive research.

The presentation closes with a summary of the outcomes of the Advisory Group twenty-one months after inception i.e. in March 2006, together with a consideration of the potential outcomes for the group at the end of the study (October 2006) and beyond.

Recommended reading:

Department of Health. Section 11 Health and Social Care Act 2001. London:TSO

Department of Health, 2001, Research Governance Framework for Health and Community Care, available: www.show.scot.nhs.uk/luht/randd/site_pages/downloads/central_docs_store/3rd_party/cso/resgov.pdf [retrieved: 15/12/03]

Hanley, B., Bradburn, J., Barnes, M., et al., 2004. Involving the public in NHS, public health, and social care research: Briefing Notes for Researchers. 4th edition. Eastleigh, Hampshire: INVOLVE Support Unit Available: http://www.invo.org.uk/pub.htm

Source of Funding
Chief Scientist Office, Scottish Executive

1.3.3

Involving carers in research: Lessons from the field

Julie Repper, Reader in Mental Health Nursing, School of Nursing and Midwifery, University of Sheffield, Sheffield, United Kingdom

Co authors: Monica Curran; Peter Goward

Abstract:

NHS Research and Development frameworks now require patient and public involvement at all stages of research from planning to dissemination, including research governance procedures. There is a growing literature on the principles, process and impact of service user involvement but far less work has been conducted or reported on the involvement of 'carers' in research. Most work has been done in the mental health field where Allam et al (2004) have written about collaborative research with users and carers, and Rethink is leading a national scoping study into the views of carers on research: their priorities for research and their training and support needs. In a national, multi-site study of the assessment of carers of people with mental health problems we are involving carers in all aspects of research. Taking a constructivist approach, the project is evolving with the ongoing input of carers on the Advisory Group, in an external Reference Group and as local researchers developing interview schedules, undertaking interviews, and analysing data at each of the sites. Through an iterative process, carers are informing the development of methods and the interpretation of findings, and will be closely involved in the dissemination process. This paper will describe the lessons we have learnt: how to recruit, select, train and support carers so that their views and experiences contribute most effectively to a study that builds upon knowledge and their expertise. Practical and philosophical issues will be discussed in order to take forwards this neglected area of research and practice.

Recommended reading:

Allam, S., Blyth, S., Fraser, A., Hodgson, S., Howes, J. Repper, J. and Newman, A. (2004) Our Experience of Collaborative Research: service users, carers and researchers work together to evaluate an assertive outreach service. Journal of Psychiatric and M

DoH (2001) Research Governance Framework for Health and social Care, London: DoH.

Source of Funding
Department of Health, NHS Service Delivery and Organisation National R&D Programme

1.4.1

Growing through overcoming strangeness and communication barriers: The lived experience of becoming a foreign nurse

Hildur Magnusdottir, Project Manager, Office of Education, Research and Development, Landspitali University Hospital, Reykjavik, Iceland.

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Abstract:

The focus of the presentation is on the findings of a study that explored the lived experience of foreign nurses from working at hospitals in Iceland. The aim was to generate an understanding of this experience. The local context is an increase in immigration to Iceland, the international context is increased mobility of nurses and other knowledge workers.

The methodology was phenomenology, sampling was purposeful, the sample was eleven RN. The data were collected in dialogues, the analysis was thematic. The findings are presented in five themes that describe the essence of the experience with the overall theme of 'Growing through experiencing strangeness and communication barriers.'

The first theme portrays how they met and tackled the multiple initial challenges with support and a quitters-never-win attitude. The challenge described in the second theme, was how they became outsiders and needed to gain a sense of belonging demonstrated in friendship, being trusted and valued. The third theme explores the language barrier they encountered and how it effected most facets of their lives. The fourth theme describes the different work culture they encountered and the fifth theme illuminates how they finally overcame these challenges and won through.

The findings correspond to a difficult but benevolent acculturation process and suggest the importance of language for personal and professional well-being and how language and culture are inseparable entities. In some aspects, the findings correlate to findings in similar international studies but differ in other aspects. The findings can assist in the design of integration programs for foreign nurses / other workers and can help nurses preparing themselves for an international assignment. The findings add to the limited but growing knowledge base on the experiences of immigrants and as such might help health care workers to better understand this minority group clients and their needs.

Recommended reading:

Buchan, J., Parkin T. and Sochalski, J. (2003) International nurse mobility: trends and policy

Halldorsdottir, S. (2000) 'The Vancouver School of doing Phenomenology', in Fridlund, B. and Hildingh, C. (editors) Qualitative research methods in the service of health, Lund: Studentlitteratur, pp.47-81.

Shusterman, R. (1998) 'Understanding the self´s other', in Gupta, G. and Chattopadhyaya, D.P. (editors) Cultural otherness and beyond, Leiden: Brill, pp.107-114.

Source of Funding
Landspitali University Hospital (research fund), The Icelandic Nurses´Association (research fund), The British Embassy in Reykjavik (Chevening).

1.4.2

Working together: Findings from the clinical teams project

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Abstract:

Introduction:

Eighty-eight percent of NHS staff report working in teams; when criteria for a 'real team' are applied this reduces to forty-one percent (Borrill & West 2002). Borrill and West's research also identified the clear benefits for patients and staff when health professionals do work in 'real teams'. This paper presents findings from the evaluation of the Clinical

Teams Project (CTP). The remit of the project was to design, deliver and evaluate a multidisciplinary team development programme to 100 health and social care teams in England with a view to enhancing team working and improving services for clients.

Aims:
The purpose of the evaluation was to identify the extent to which the CTP was successful achieving its aims. This presentation focuses on aspects of the development programme that proved particularly helpful in enabling different disciplines to work together towards service improvements.

Methods:
Realistic Evaluation (Pawson & Tilley 1997) provided the theoretical underpinning. Following MREC approval, data were gathered from all 105 participating teams using registration forms, telephone interviews, participant evaluations, pre and post administrations of a team effectiveness assessment tool and improvement logs. Data were analysed using descriptive statistical analysis, content and thematic analysis.

Results and Discussion:
Preliminary results suggest that participation in the programme resulted in professional development for individuals, increased team effectiveness and service improvements for clients. Opportunities to: clarify roles, rethink team membership, identify team objectives focused on service users and develop team actions to achieve the objectives, were ingredients for success. With the introduction of new roles including modern matrons, community matrons and nurse consultants, these findings have clear implications for nurses as they increasingly take on leadership roles in multidisciplinary teams.

Conclusion
Our results show that when teams are given the opportunity to develop the characteristics of 'real teams' service users and staff do benefit.

Recommended reading:
Borrill C & West M (2002) Team Working and Effectivness in Health Care: Findings from the Health Care Team Effectivenss Project. Birmingham: Aston Centre for health Service Orgainsation Research

Pawson R & Tilley N (1997) Realistic Evaluation. London: Sage.

Source of Funding
NHS Leadership Centre

1.4.3

Making claims on nursing work: Exploring the work of health care assistants and the implications for registered nurses' roles

Karen Spilsbury, Research Fellow, Health Sciences (Research), University of York, York, United Kingdom.

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Abstract:
Background:
There are increasing numbers of healthcare assistants (HCAs) being employed by the UK National Health Service (NHS) to support registered nurses (RNs) in providing nursing care (Buchan & Seccombe, 2003). The roles and activities of HCAs are widely debated in the literature, yet studies fail to capture how their roles and activities are determined. This study used an interactionist perspective (Abbott, 1988) to frame an examination of the negotiation of HCAs' work in an acute hospital setting.

Methods:
The study (2000-2003) used an in-depth single case study approach (Yin, 2003), using mixed methods (survey, interviews, participant observations, focus groups and documentary analysis). The study explored what HCAs say they do, compared with what they actually do in practice and RNs' perceptions of the HCA role. These findings were then compared with formal policy documents (local, national and international) which detailed expectations of the HCA role.

Findings:
HCAs' work is actively negotiated in the workplace and there are points of deviation from formal policy expectations of the role. HCAs played a significant role in the bedside care of patients but this was not supervised or monitored by RNs with subsequent implications for patient care, e.g. transfer of information. HCAs sometimes worked beyond 'defined' role boundaries, taking on additional tasks without any formal training, e.g. blood sugar monitoring. They were also observed carrying out additional duties to cover care gaps created by RN shortages but 'not allowed' to carry out these duties when more RNs were available. RNs also prevented HCAs from using certain skills developed in other hospital settings, e.g. simple dressings, or that they performed as agency support workers in the same hospital, e.g. phlebotomy.

Discussion:
The study of HCAs' work is relevant to health care because there are implications for practice when care is being delivered by this group of workers and yet not formally recognised. The study highlights important areas for practice including issues of delegation, deployment and substitution between RNs and HCAs.

Recommended reading:
Buchan, J. & Seccombe, I. (2003) More Nurses, Working Differently? UK Nursing Labour Market Commentary 2002/3. Queen Margaret University College: Edinburgh

Abbott, A. (1988) The System of Professions: An Essay on the Division of Expert Labour. University of Chicago Press, Chicago

Yin, R.K. (2003) Case study research: Designs and methods. (3rd edn) Sage: Thousand Oaks

Source of Funding
Hospital Charitable Trust Doctoral Fellowship

1.5.1

Women's experiences and expectations of antenatal screening services in Northern Ireland

Jenny McNeill, Researcher, School of Nursing and Midwifery, Queen's University of Belfast, Belfast, United Kingdom.
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Co authors: Fiona A. Alderdice; Rachel Rowe; James Dornan; Denis Martin

Abstract:
Background:
Many antenatal screening tests have been routinised through a universal offer policy in the NHS in England and Wales. However the offer and uptake of tests, especially screening tests for Down's syndrome and neural tube defects (NTD), remains fragmented, inconsistent and influenced by many factors. Previous work suggests that social and ethnic inequalities exist in the offer and uptake of tests in the UK but no data were available to indicate if this was the case in Northern Ireland.

Aim:
To investigate social inequalities and variation regarding the offer and uptake of antenatal screening tests and to explore the decision making process reported by the women being offered Down's screening. Methods:a prospective cohort study of women attending two hospitals in Northern Ireland. 711 women were recruited and the data were collected from September 2003-May 2004. Semi structured interviews were carried out with the women at booking and following their anomaly scan.

Results:
Variations in offer and uptake of Down's syndrome and NTD screening were observed across social class and educational groupings. No variations were observed in other maternal screening tests. Key themes for women accepting the test were 'routine acceptance of the test offered', 'on professional advice and 'to prepare for the future'. Key themes for declining screening were 'unconditional acceptance of the baby', 'potential risk to the baby of having the test', 'confusion about test' and 'personal beliefs'.

Discussion:
Analysis of qualitative data would suggest that both staff and women have varying knowledge and attitudes to Down's syndrome screening which need to be addressed to successfully implement a policy of universal offer. Conclusions: Significant variations in the offer and uptake of Down's screening exist. Lack of knowledge and inequalities in prenatal screening must be explored from the perspective of women and health professional's alike.

Recommended reading:
Dormandy E, Michie S, Hooper R and Marteau TM (2005) Low uptake of prenatal screening for Down syndrome in minority ethnic groups and socially deprived groups: a reflection of women's attitudes or a failure to facilitate informed choices International Jou

Khoshnood B, Blondel B, De Vigan C and Breart G (2004) Socioeconomic Barriers to Informed Decision Making Regarding Maternal Serum Screening for Down's Syndrome: Results of the French National Perinatal Survey of 1998 American Journal of Public Health 94(

Rowe R, Garcia J and Davidson L (2004) Social and Ethnic Inequalities in the offer and uptake of prenatal screening and diagnosis in the UK: a systematic review Public Health 118 177-189

Source of Funding
R & D Northern Ireland

1.5.2

A feminist exploration of traveller women's experiences of maternity care in the Republic of Ireland

Bernadette Reid, Lercturer in Midwifery, School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom.

Email: b.b.reid@dundee.ac.uk

Abstract:
Background:
Traveller women belong to a distinct minority group of Irish people with their own cultural values,

language and nomadic tradition. The health status of Traveller women during pregnancy and childbirth remains very poor. This study explored Traveller women's experiences of maternity care in order that their needs might be identified and perceptions of helpful responses elicited.

Methods:
A feminist research methodology was adopted to 'give voice' to Traveller women's experiences of maternity care. A snowball sample of thirteen women aged 19 – 42 years with each having experienced 2 – 8 pregnancies participated. Data was collected using unstructured non-directive interviews and analysed inductively using an established framework. Traveller women reviewed results and conclusions.

Results:
A fluid concept of culture impacted upon Traveller women's expectations and negotiation of maternity care. The essential nature of familism, socialisation and religious beliefs, and the particular emphasis placed upon peer support reflected cohesive and supportive aspects of culture. The concept of 'possessive individualism' was portrayed as conflictual to contraceptive use, the uptake of preventive care and the reporting of mental health problems and domestic violence. There was cultural unacceptability of majority norm expectations of breastfeeding, husband participation and 'rooming in'. Political and structural factors such as the direct discriminatory barriers created by general practitioner services; indirect discrimination arising from dysfunctional communication and control of information; poor housing and lack of public transport were the basic causes of inequity of access to care.

Conclusions:
Midwives and other health professionals are challenged to respond sensitively to cultural preferences, meet informational needs and act as political advocates in efforts improving maternity care experiences for Traveller women.

Recommended reading:

Department of Health and Children (2002) Traveller Health: A National Strategy 2002 - 2005. Dublin: Government of Ireland.

Maynard, M. and Purvis, J. (1994) Researching Women's Lives from a Feminist Perspective. London: Taylor and Francis.

Reid, B. (2005) 'Re-visioning' the provision of maternity care for Traveller women in the Republic of Ireland. Evidence Based Midwifery 3(1): 21 - 25.

Source of Funding
University of Dundee

1.5.3

Midwives experiences and perceptions of women's use of the Internet to influence decision-making in pregnancy

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Co authors: Marlene Sinclair; George Kernohan

Abstract:
Background:
Pregnant women are turning to the Internet for a wide range of health related issues relating to pregnancy and childbirth (Bernhardt and Felter, 2004; Loy, 2001; Sinclair, 2001). Midwives experiences and perceptions of pregnant women using evidence from the Internet to inform decision-making have not been fully explored. This research begins from the premise that Information Communication Technology (ICT) has the potential to revolutionize client provider power relationships in maternity service provision and impact on women's decision-making in pregnancy and childbirth.

Aim:
To provide evidence from a structured literature review to support the research premise and to report data from a pilot study designed to test the efficacy of an on-line tool to explore midwives experiences and perceptions of pregnant women using the Internet.

Method:
A structured literature review was followed by a cross-sectional, exploratory, descriptive pilot study. A random sample of 30 midwives from two NHS Trusts was invited to pilot test an email questionnaire. The design of the questionnaire was informed by literature and subject to review by an expert panel. The test-retest reliability of the questionnaire was examined by comparing respondents' answers at baseline and then two weeks later.

Findings:
Midwives reported an increase in Internet use by pregnant women and many had been asked to consider Internet 'evidence' in their decision making processes. Many midwives did not have the necessary searching or appraisal skills to engage in this activity with confidence and competence. A description of case studies depicts how the Internet has an impact on the changing power relation between pregnant woman and health professionals. These findings will be presented

Implications:
This paper identifies the need for further research in this area that will enable midwives to critically appraise the evidence available for pregnant women on the Internet and the effect on decision making and power relations.

Recommended reading:

Bernhardt, J.M. and Felter, E.M. (2004) On line pediatric information seeking among mothers of Young Children: Results from a qualitative study using focus groups. [Homepage of Journal of Medical Internet Research,], [Online]. Available: http://www.jmir.o

Loy, J. (2001) Midwives and their use of the Internet. Midwifery Information and Resource Services Digest, 11(1), pp. 25-27.

Sinclair, M. (2001) Information technology skills of midwives in Northern Ireland. Modern Midwife, 4(1), pp. 23-28..

Source of Funding
Department of Employment and Learning

1.6.1

Reading mixed methods research in health care practice

Dawn Freshwater, Chair in Applied Research, IHCS, Bournemouth University, Bournemouth, United Kingdom.

Email: dreshwater@bournemouth.ac.uk

Abstract:
Many health and social care researchers have adopted the mixed methodology approach to evaluating clinical practice, often overestimating its ability to reveal the truth, and at times imprisoning their thought in one system. In this paper I intend to subject some of the assumptions that underpin mixed methodology and its discourse to a degree of interrogative reading. It is argued that every reading is an act of criticism and every Reader a critic. To read literature at all is to practice some type of criticism, that is, to read in some way and not in some other. Thus I examine exemplars of writing regarding mixed methods research in health care from within the critical contexts of author-audience and literature-reality. Much of the mixed methods research literature, and indeed the discourse of mixed methodology itself, contains signals for its own reading. That is to say that the text is designed to structure the readers' response.

This paper questions the extent to which health and social care researchers have engaged in narrative collusion and occlusion of texts in their rush to integrate and be integrated. Close readings of the interpretation both of, and within, the discourse of mixed methods research also provides a lens through which to view the ways mixed methodology is currently being constructed, understood and applied in health and social care research. I argue that the current emphasis on historical and mimetic (correspondence to reality and truth) contexts of research critique deny the consequences of 'audience as context' and the ensuing intertextuality. Such contextual readings can enable the reader/researcher to apprehend the implied and contradictory structural discourses of mixed methods research from within the linguistic and literary conventions it employs.

Recommended reading:

Johnstone, P.L. (2004) Mixed Methods, Mixed Methodology in Health Services Research in Practice. Qualitative Health Research. 14 (2) 259-271

Bennett, A. and Royle, N. (2004) Literature, Criticism and Theory. Harlow: Pearson

Alsop, D. and Walsh, D. (1999) The Practice of Reading. London: McMillan

Source of Funding
None

1.6.2

The application of simultaneous mixed-methods research and its value and challenges in nursing

Hui-Man Huang, Associate Professor in Nursing, Nursing, Tajen University, PingTung, Taiwan.

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Co authors: Brendan McCormacK; W George Kernohan

Abstract:
Background:
Historically, 'paradigm wars' have dominated debates about the most appropriate research design in any study. However, in the current healthcare climate it is important to find the most appropriate research methods that will achieve the best evidence-based outcomes from studies. For example demonstrating outcomes from health education is difficult through the use of any single research design. To fully understand patients' adaptive experiences during and following a health education programme, there is a need to move away from strict adherence to single paradigms and employ mixed-methods research. Simultaneous mixed-methods are of particular interest and are not widely used in nursing.

Aims: To exemplify a mixed-methods study of psycho-social state with stroke patients participating in a health education programme and to discuss the difficulties and challenges in data analysis which arise from the complexity of a simultaneous mixed-methods approach. To explore the analysis of data: combining, interpreting and weighing of numerical and textual data in one research project.

Research example:
Questionnaires and interviews were used simultaneously. Three questionnaires were used to collect quantitative data from 40 stroke patients. Interviews were conducted with fourteen patients from this sample group. Quantitative data was first analysed to establish a model to explain the relationships among patients perception of family support, social support, psychological reactions, and power. The semi-structured interviews complemented the quantitative-method-bound results, with the merging of qualitative-method-bound data providing an indication of changes in each patient and an in-depth understanding of what these changes meant to the person.

Conclusion:
The authors propose simultaneous mixed-methods as a way to advance knowledge and enhance the development of evidence in nursing research. The conceptual analysis of all significant data available about the phenomenon of psycho-social adaptation among stroke patients participating in a health education programme enabled the integration of the quantitative and qualitative data.

Recommended reading:

Rocco T.S., Bliss L.A., Gallagher S. & Perez-Prado A. (2003) Taking the next steps: mixed methods research in organizational systems. Information Technology, Learning, and Performance Journal 21(1), 19-29.

Amaratunga D., Baldry D., Sarshar M. & Newton R. (2002) Quantitative and qualitative research in the built environment: application of mixed research approach. Work Study 51(1), 17-31.

Mitchell E.S. (1986) Multiple triangulation: a methodology for nursing science. Advances in Nursing Science 8(3), 18-26.

Source of Funding
None

1.6.3

Using mixed methods to develop district nursing practice in caring for older people in care home settings

Catherine Evans, Department of Health Research Fellow in Primary Care, Primary Care Nursing Research Unit, King's College London, London, United Kingdom.

Email: catherinej.evans@kcl.ac.uk

Co authors: Claire Goodman, Sally Redfern

Abstract:

Background:
New admissions to residential care homes are increasingly older, and frailer with high levels of physical dependency and cognitive impairment. Residential care homes provide personal and social care; health care needs are met by district nurses (DNs) and GPs. Although a complex area of practice, little research work informs service provision. This paper reports on a study developing DNs' use of case management techniques (CMT) to promote residents' health and well-being.

Aim:
To identify and develop new approaches to working with care homes, that involve the existing DN workforce and intend to promote the health and well-being of older people.

Method:
The study uses a two-phase design. This paper reports on the degree of congruence between the two-phases and the use of mixed methods. Phase I, involved secondary analysis of the Health Survey for England 2000 to describe the health status of older residents (n=1,186). Findings indicated a possible benefit of DNs developing CMTs in care homes. Phase II used qualitative interviews with older residents (n=18), care home managers (n=15) and DNs (n=10) to explore the applicability of developing CM and the degree of resonance of the secondary data analysis with lived experiences.

Findings and Discussion:
Findings relate to the central themes of the empirical secondary analysis and subjective qualitative interviews, including the: Degree of congruence between empirical and subjective evidence on the health status of older residents. Acceptability of developing DNs' use of CMTs in care homes from the perspectives of practitioners and older people. Which older residents most likely to benefit from CM? Highly dependent verses medium dependency or a population approach? Conclusions DNs already use many aspects of CM to support highly dependent residents. It is important for practice to acknowledge this work and develop further, notably when residents' health has deteriorated and underlying causation is uncertain.

Recommended reading:

Mozley, C. G., Sutcliffe, C., Bagely, H., Cordingley, L., Challis, D., Huxley, P., & Burns, A. 2004, Towards Quality Care: Outcomes for Older People in Care Homes Ashgate, Aldershot.

Bajekal, M. 2002, Health Survey for England 2000: care homes and their residents, The Stationery Office, London.

Goodman, C., Woolley, R., & Knight, D. 2003, "District nurses' experiences of providing care in residential care home settings", J Clin Nurs, vol. 12, no. 1, pp. 67-76

Source of Funding
Department of Health

1.7.1

Do computers support nurse decision making? A systematic review

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Email: nm513@york.ac.uk

Co authors: Rebecca Randell; Dawn Dowding; Carl Thompson; Nicky Cullum

Abstract:

Background:
The policy impetus afforded by the National Programme for Information Technology has led to a number of computerised decision support systems being introduced to aid nurse decision making, such as NHS Direct and triage systems in Accident and Emergency. However, the evidence for their impact on processes and patient outcomes is not clear.

Objective:
To conduct a systematic review to assess the effects of CDSS on the processes and outcomes of nursing judgement and decision making.

Methods:
A search for research published between 1967-2005 was conducted on a number of electronic databases, with no language limits imposed. Further studies were identified through hand searching of relevant journals and contacting experts in the field. Studies were eligible for inclusion if they were a controlled trial, involved the use of a CDSS in a clinical setting by a nurse and assessed the effects of the system on measurable outcomes. Search results were scrutinised by two reviewers working independently.

Results:
The electronic search yielded a total of 6885 references. Of these, 329 were deemed potentially eligible and were retrieved and of these 13 met the inclusion criteria. Five further eligible studies were identified from hand searching. Two papers described the same study, therefore 17 unique, eligible studies were identified. Of the 17 studies included in the review, 3 compare the performance of nurses using CDSS with nurses not using CDSS; 3 studies compare nurses using CDSS with other health professionals not using CDSS; and 11 studies compare health professionals using CDSS and not using CDSS where nurses were a subgroup of the participants. The results of the review will be presented and their implications discussed. This will include issues for future implementation and use of CDSS by nurses. Promising areas for future research will be highlighted.

Source of Funding
Department of Health

1.7.2

Protocol-based care: Autonomy or straitjacket?

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Email: Irene.Ilott@sheffield.ac.uk

Co authors: Anne Lacey; Chris Turgoose; Malcolm Patterson; Jo Rick

Abstract:

Aims:
To explore the views of opinion leaders about the impact that protocols are having upon nurses, midwives and health visitors.

Background:
The modernisation of health care has seen a resurgence of interest in protocol-based care (Rycroft-Malone et al 2004). The NHS Plan stated that by 2004 the majority of staff "will work under agreed protocols" (DH 2000, p83). Yet there are many unanswered questions, ranging from cost and clinical effectiveness through to the effect this bureaucratisation (Harrison & Smith 2004) has upon the working lives of healthcare professionals. We will present preliminary findings from an NHS Service Delivery and Organisation R&D funded study about the involvement of the nursing and midwifery professions in protocol-based care.

Methods:
Semi structured interviews were held with a purposive sample of 35 opinion leaders during 2004-05. The sample comprised a heterogeneous group from policy, research and practice

backgrounds from each of the four countries in the UK.

Findings:
Policymakers and researchers report their understanding about the nature, role and impact of protocols, and practitioners provide an understanding of their experiences of protocol development and use. The interviews provide very divergent views.

Discussion:
We will discuss questions raised by this divergence. For example, is there a common understanding about the terms protocols, protocol based care? What are the perceived factors that impact on whether protocol use supports/ enhances nurses, midwives and health visitors in their professional role? Are these findings relevant to nursing practice in other countries?

Conclusion:
In the conclusion, we will explore the continuum of views about protocol-based care, identifying opportunities for role expansion as well as threats to professional identity. A balanced approach to, and appraisal of, all the possibilities is necessary if protocols are to advance quality of care, and not just standardise practice.

Recommended reading:
Department of Health (2000) The NHS Plan. A Plan for Investment. A Plan for Reform. London, The Stationery Office.

Harrison S, Smith C (2004) Trust and moral motivation: redundant resources in health and social care? Policy & Politics, 32(3), 371-386.

Rycroft-Malone J, Morrell C, Bick D (2004) The research agenda for protocol-based care. Nursing Standard 19(6), 33-36.

Source of Funding
NHS Service Delivery and Organisation R&D Programme

1.7.3

Abstract withdrawn

1.8.1

'Getting on with life' – an interview-based study of members of a self-help group

Christine Richards, Research Development and Support Group Co-ordinator, Cambridgeshire Support Team Research and Development, CamSTRAD, Cambridge, United Kingdom.

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Abstract:
This study explored the experience of a group of participants who have undergone skull base surgery to remove a benign cranial tumour known as an acoustic neuroma. The study examined the way in which the lives of the participants have been affected and how they have dealt with the resulting effects. The choice of topic was related to the researcher's background in health care and her own experience of undergoing skull base surgery.

The study takes a qualitative approach using semi-structured interviews, and the participants, four women and three men, were recruited as volunteers from a self-help group. The interviews invited the participants to tell the story of their diagnosis of acoustic neuroma, the treatment and dealing with the effects of the surgery. The data from the interviews was analysed to identify themes using a constant comparative approach and linking to theories of biographical disruption (Bury 1982) and identity (Goffman 1963). This showed that there has been an impact on participant's lives and they did exhibit signs of biographical disruption and changes in their perception of self and identity but that they had developed strategies which, along with time and the support of family, friends and the self help group, had helped them to move forward and to 'get on with their lives'.

This paper will describe these strategies and will also address the researcher's role as an 'insider', that is as someone who has shared the experience of the participants, in terms of both the methodological and the ethical issues which influenced the process of the research.

Recommended reading:
Bury, M.(1982) 'Chronic illness as biographical disruption', Sociology of Health and Illness, vol. 5, pp.168- 95.

Goffman, E. (1963), Stigma - Notes on the management of a spoiled identity, London, Penguin.

Source of Funding
None

1.8.2.

Experiencing chronic kidney disease: Challenging the silence, a study using grounded theory

Jane Bridger, Doctoral Student, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom

Abstract:
Chronic Kidney Disease (CKD) is said to affect 11% of the UK population (O'Donnoghue, 2004), of which it's estimated only 15% have the diagnosis recorded (John et al, 2004). Additionally, 30-50% of patients are known to present at the end stage of disease (UK Renal Registry, 2004), when actions to prevent or ameliorate the condition are no longer possible. The key to understanding the current management of CKD, is exploring how the early stages of disease are experienced and managed by patients.

The research being presented is a longitudinal study exploring the CKD illness experience using Grounded Theory. 23 participants were recruited from a pool of 120 from two medical centres in South-West England. Selection criteria included known CKD, raised serum creatinine and or the presence of microalbuminuria, with existing risk factors for CKD, e.g. Diabetes Mellitus or Hypertension. The participants were interviewed at zero, and 12 months, with selected interviews at six months. The first interviews were semi-structured based on a chronic illness framework and focused on illness experience to date. In addition participants were encouraged to keep a journal as an aide memoir. Subsequent interviews were unstructured, following the continuing illness experience, supplemented by data collected from the journal and discussion of themes being identified with ongoing data collection and analysis driven by theoretical sampling to develop theory.

The presentation will describe work undertaken to date, and focus on the preliminary themes emerging; validating the patients' experience; feedback about CKD; ways of coping; the care environment; and a compromised life, as well as the preliminary core categories 'silence' and 'enabling'. The use of such knowledge can guide care packages for risk reduction and prevention in the management of CKD, and thus enable the fulfilment of the recent National Service Framework for Renal Services (DH, 2005).

Recommended reading:
Department of Health (2005) National Services Framework for Renal Services Part Two: Chronic kidney disease, acute renal failure and end of life care Last accessed 8th September 2005

John, R. Webb, M. Young, A. Stevens, P. (2004) Unreferred Chronic Kidney Disease: A Longitudinal Study. American Journal of Kidney Diseases. Vol. 43(5) 825-835

O'Donnoghue, D. (2004) Identification of CKD: the NeoERICA Project British Renal Society Conference, May 2004

Source of Funding
'none'

1.8.3

Living with leg ulceration: A meta-synthesis of qualitative research

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Co authors: Kate Flemming; S José Closs

Abstract:
Introduction:
Leg ulceration is a common chronic condition (Graham et al 2003). Whilst healing rates can be improved by using guidelines, over 40% of patients will have open ulceration for over a year (Nelzen et al 1994). Leg ulceration can have a significant and detrimental effect on a persons' life. This project aims to synthesise qualitative research exploring the experience of living with leg ulceration.

Methods:
Electronic searches of Ovid MEDLINE (R) (1966-2005), CINAHL (1982-2005), EMBASE (1980-2005), British Nursing Index (1985-2005), ASSIA, Social Science Citation Index (SSCI) and PsychINFO (1985-2005) were carried out in June 2005. Studies were included if the following criteria applied;

1. Studies were designed to describe peoples' experience of living with a leg ulcer, for example, phenomenological studies, grounded theory, descriptive, focus groups or interview studies.
2. The study sample included adults with chronic leg ulceration (venous, mixed or arterial)
3. The research was published in English.

The analysis was undertaken using the Qualitative Assessment and Review Instrument (QARI) computer software designed for qualitative synthesis (Pearson 2004).

Results:
Eleven studies met the inclusion criteria. There were 8 phenomenological studies, 2 using grounded theory and 1 descriptive study. The location of the research was UK (7) USA (2), Sweden (1) Australia (1).

Conclusion:
Emergent themes reveal a clear pattern across phenomenological studies with additional perspectives provided by the studies using grounded theory methodology. One of the major themes emerging from the data was that of pain, suggesting it takes a central place in a persons' life and had to be 'put

up with'. This and other emergent themes and a critique of this meta-synthesis will be presented.

Recommended reading:

Graham ID. Harrison MB. Nelson EA. Lorimer K. Fisher A. (2003) Prevalence of lower-limb ulceration: a systematic review of prevalence studies. Advances in Skin & Wound Care. 16(6):305-16, Nov.

Nelzen O, Bergqvist D, Lindhagen A. (1994) Venous and non venous leg ulcers: clinical history and appearance in a population study British Journal of Surgery 81, 182-187

Pearson A (2004) Balancing the evidence: incorporating the synthesis of qualitative data into systematic reviews. JBI Reports. 2:2;45-64

Source of Funding
none

1.9.1

Search strategies to locate qualitative research examining patients' experiences of leg ulceration

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Co author: Michelle Briggs

Abstract:

Aim:

This paper will present the validation of a series of search strategies to locate qualitative research examining patients' experience of living with a leg ulcer. Introduction: Methods for searching for qualitative research are less well established than for quantitative methods. The development of methods to produce syntheses of qualitative research are driving the need for comprehensive and precise search strategies. It is imperative to establish the effectiveness of different types of search strategies to identify qualitative evidence.

Methods:

Three search strategies developed by Shaw et al (2004) (thesaurus, free text and broad based terms) were used to locate qualitative research examining patients' experience of leg ulceration. Searches of Ovid MEDLINE (R) (1966-2005), CINAHL (1982-2005), EMBASE (1980-2005), British Nursing Index (1985-2005), ASSIA, Social Science Citation Index (SSCI) and PsychINFO (1985-2005) were carried out in June 2005. The strategies were each combined with recognised search terms for leg ulceration used by the Cochrane Wounds Group.

Results:

The three search strategies showed consistency in the number of records retrieved in some databases (eg Cinahl – 218/203/206) and huge variation in others (eg Embase – 130/543/895). However in comparison with results of Shaw et al (2004) it was found that each of the three search strategies produced similar numbers of potentially relevant and actually relevant papers when searching single databases. These results were most striking within Cinahl, when each search strategy identified all of the included papers.

Conclusion:

Our findings show that a simple search strategy (broad based terms = 3 search terms) was as effective as a complex one (free text = 48 search terms) in locating qualitative research. In addition we would suggest that for a question with a clear nursing focus it may be sufficient to only search Cinahl. This result needs replicating with other nursing topics.

Recommended reading:

Shaw Rl et al (2004) Finding qualitative research: an evaluation of search strategies. BMC Medical Research Methodology 4: 5

Source of Funding
Department of Health

1.9.2

A critical analysis of vignettes in health related research illuminated by recent experience

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Abstract:

This paper offers a critique of the use of vignette in health care research. It argues for comprehensive reporting of the problems and challenges encountered when using vignettes in data collection and analysis. Vignettes have been used by researchers from a wide range of disciplines to capture how meanings, beliefs, judgements, decisions and actions are situationally positioned (Barter and Renold 2000). In social research vignettes are described as "...stories about individuals, situations and structures which make reference to important points in the study of perceptions, beliefs and attitudes" (Hughes 1998). Vignettes are increasingly used in health care research and provide a useful tool to explore health related behaviour and response to symptoms and illness. Despite its popularity the process of developing vignettes is often poorly reported in peer review publications and research reports. This leaves important methodological questions unanswered. Examples of questions include whether to use real or fictitious scenarios, whether vignettes should be developed from data collected prospectively or retrospectively, how to select relevant variables, and how many vignettes to use.

Many of these issues have been raised in the literature (e.g. Skaner, Bring & Strender 2004) and will be critically analysed in this current paper. Problems of authenticity, representativeness, interpretation by participants, and analysis of the research data generated are examined. This critique is illuminated by examples drawn from personal experience of constructing and using vignettes in a recent study exploring the recognition and reporting of symptoms in Coronary Heart Disease. The paper concludes by making recommendations on the use of vignettes in health research.

Recommended reading:

Barter C and Renold E (2000) "I wanna tell you a story": exploring the application of vignettes in qualitative research with children and young people. International Journal of Social Research Methodology. 3;4,307-323

Hughes, R (1998) Considering the vignette technique and its application to a study of drug injecting and HIV risk and safer behaviour. Sociology of Health and Illness. 20; 381-400.

Skaner Y, Bring J, and Strender L (2004) Selecting representative case vignettes for clinical judgement studies: Examples from two heart failure studies. Quality and Quantity 38; 621-635.

Source of Funding
University of Sheffield Medical Faculty Research Committee devolved funds

1.9.3

Ponderers, wanderers, lingerers and malingerers: a review of typologies in nursing literature

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Abstract:

Within nursing discourse, the presence of typologies is something that has become familiar. They are created or appropriated, and applied by theorists, researchers and practitioners. Indeed they have come to seem like a naturally occurring part of the landscape. However, scrutiny of their origins and nature are often overlooked amidst the rush to use them. This is reflected in a dearth of serious scrutiny of the role of the typology within nursing literature. This paper seeks to redress that tendency by conducting a succinct review of the use of typologies in nursing literature. Literature review primarily focused on nursing journal literature and the CINAHL electronic database (1982 - March 2005) was searched along with OVID full text journals (March 2005). Finally, review was informed by understandings from a number of more general texts on qualitative research. Not surprisingly, this strategy generated a large and diverse array of material. Textual analysis involved an iterative process of comparing similarities and differences in the way typologies were being understood and used.

This led to the formulation of seven fundamental questions that were used to interrogate the literature and synthesise key findings.

- What are typologies?
- What are typologies for?
- How do you recognise a typology?
- What are nursing typologies about?
- What are they made from?
- How are they made and presented?
- What happens to typologies once they are made?

The paper will present answers to these seven questions. Moreover this material will be synthesised by presenting two new typologies. The first relates to the behaviour of typologies within nursing literature, while the second seeks to classify typologies that have been generated within nursing literature. In this way it is hoped to offer new insights into the role of typologies within nursing and to foster related debate.

Recommended reading:

Ritchie J, Lewis J (Eds.) (2003) Qualitative research practice: a guide for social science students and researchers. London: Sage.

Patton M (2002) Qualitative research and evaluation methods (3rd edition). Thousand Oaks, California: Sage.

Gubrium J, Holstein J (1997) The new language of qualitative method. Oxford University Press: Oxford.

Source of Funding
None

1.10.1

Nurses' opportunistic interventions with patients on smoking: The findings of a qualitative study

Rosemary Whyte, Research Fellow, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, United Kingdom.

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Abstract:

Background:

Tobacco contributes to the death of one in ten adults worldwide and is the second major cause of death in the world (WHO, 2005). In the United Kingdom (UK) 114,000 people die each year from smoking-related diseases. Nurses have an important role to play in addressing the issue of tobacco consumption through their contact with patients in hospital and in the community.

Aim:

The aim of the study was to explore nurses' provision of health education on smoking for patients in hospital.

Methods:

A qualitative case study design was selected to explore the health education practice of nurses who worked acute wards in general hospitals. Purposive sampling identified twelve nurses and forty patients in three general hospitals who consented to participate in the study. Data collection methods included tape-recorded individual interviews with nurse and patient participants and the use of a radio-microphone to record nurse-patient verbal interactions. A framework of key elements of health education was developed from the literature and guided the analysis of data.

Findings:

The paper reports on some of the findings derived from the recorded nurse-patient verbal interactions. These demonstrated that most of the nurses recognised opportunities to introduce health education on smoking with patients, although the content of the interactions on smoking was variable.

Conclusion:

The findings demonstrated that smoking was part of the nurses' health agenda and indicated a move towards the integration of health education on smoking with nursing care. Where patients are in hospitals for short periods of time nurses' opportunistic interactions on smoking may be considered preliminary episodes that can be used as the basis for more specialist intervention.

Recommended reading:

World Health Organisation Tobacco Free Initiative (TFI) (2005) www.who.int/tobacco/en

Source of Funding

None

1.10.2

Do nurse have a role to play in smoking cessation?

Julie Wilson, Clinical Nurse Specialist, Out Patients' Department, Belfast City Hospital Trust, Belfast, United Kingdom

Co authors: Donna Fitzsimons; Stuart Elborn

Abstract:

Cigarette smoking is regarded as a major cause of ill health, reduced quality of life and premature death. It kills one in five people in Britain (RCP, 2000). Thus, smoking cessation is regarded as the cornerstone of treatment for many patients. Nurses have an important role to play in helping smokers to stop successfully, yet the effectiveness of nursing interventions in this area is unproven (Rice and Stead, 2004). This paper interprets the results of a randomised controlled trial (RCT) of nursing interventions in a respiratory population (n=91), which found that irrespective of the intervention offered, virtually none of the sample achieved complete cessation. While these findings make depressing reading from a professional perspective, it is important that they are critically analysed so that valuable learning occurs which may assist in the development of professional practice and research in this arena. Despite the complex physical and behavioural issues associated with smoking, the nature and content of nursing care to achieve smoking cessation is not well defined. Indeed, few studies provide a detailed description of the interventions offered, making it difficult for nurses to identify the components that should be included in routine clinical practice.

The researcher will provide a detailed description of the interventions evaluated in this RCT and highlight those components which appear to be most clinically and cost-effective. In particular, the nurses' role in providing brief advice and in harm reduction for intractable smokers will be explored. The researcher will also discuss the merits of intention-to-treat analysis within a RCT design and how participants' attendance to allocated interventions can impact on the results of a clinical trial. The importance of developing effective nursing interventions in smoking cessation is uncontested. This paper highlights the lessons learned from a RCT and explores the implications for professional practice and future research.

Recommended reading:

Rice, VH. And Stead, LF. (2004) Nursing interventions for smoking cessation. The Cochrane Database of Systematic Reviews.

Wilson J, Fitzsimons D, Bradbury I & Elborne S Can nurses help respiratory patients to stop smoking? A randomised controlled trial. (In review with Journal of Advanced Nursing).

Royal College of Physicians (2000) Nicotine Addiction in Britain. London: RCP.

Source of Funding

Pharmacia & Upjohn, Smith & Nephew

1.10.3

The experience of women with COPD of repeatedly relapsing to smoking

Rosa Jonsdottir, Project Leader, Smoking Cessation Clinic, Landspitali University Hospital, Reykjavik, Iceland.

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Co author: Helga Jonsdottir

Abstract:

Background:

Having chronic obstructive pulmonary disease (COPD), a smoking related disease, and relapsing repeatedly to smoking is a complex problem, particularly for people expected to at the peak of their productivity in life. As women have exceeded men in prevalence of COPD the significance of gender has gained increased attention.

Aims:

Illuminate the experience of women repeatedly relapsing to smoking while suffering from COPD.

Methods:

From an interpretive phenomenological perspective a convenience sample of seven women 47-65 years old who had been admitted to hospital due to exacerbation of COPD was used. Data were collected with two interviews with each participant and a thematic analysis used in analyzing data.

Results:

Central to the experience of the participants was that the lung disease controlled life deeply. At the same time they were unable to refrain from smoking, the main reason for their disease. The following themes emerged from the data: a) Being caught in a spider web

b) Circumstances of the relapses

c) Shame

d) The excuse

e) Ambivalence

f) Incomplete quit attempts.

Discussion:

The capability of the participants to quit smoking was limited. They were conscious about the threat that continued smoking brought about, but that only amplified the difficulties.

Conclusions:

This knowledge indicates that for women in similar situation an intensive and long-term nursing care, which acknowledges the complex life situation the women find themselves in and which focuses on support and guidance to be able to permanently refrain from smoking, is necessary.

Recommended reading:

Pauwels, R. A., Buist, A. S., Calverley, P. M. A., Jenkins, C. R. and Hurd, S. S. 2001. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. NHLBI/WHO global initiative for chronic obstructive lung diseas

Benner, P. 1994. The tradition and skill of interpretive phenomenology in studying health, illness, and caring practices. In P. Benner, ed. Interpretive phenomenology: Embodiment, caring, and ethics in health and illness. Thousand Oaks, CA: SAGE pp. 99-12

Perkins, K. A. 2001. Smoking cessation in women. Special considerations. CNS Drugs, 15(5), 391-411.

Source of Funding

The Icelandic Centre for Research (Rannis), Landspitali University Hospital (LSH), The Icelandic Nurse's Association (FIH)

1.11.1

A model for collaboration between researchers and patients

Sarah Hewlett, Reader in Clinical Nursing, School of Nursing, University of the West of England, Bristol, United Kingdom.

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Co authors: John Kirwan; Pam Richards

Abstract:

Background:

Patient involvement in research is recommended, with the theoretical benefits that research grounded in clinical need, patient perspectives and priorities, will make better use of resources and enhance study design (Hanley et al 2004, Tallon et al 2000). Collaboration requires new ways of working for both patients and researchers. This paper reports experiences in one UK centre, which has also

been working with a wider group of international researchers and patients (Richards et al 2005).

Method:
The centre currently has 10 patients involved as partners on steering committees or advising on new service initiatives. The combined experiences of researchers and patients (research partners) who are collaborating in rheumatology research were used to define the approach that had emerged for successful working. Insights gained from our collective experiences were reviewed during discussions at in-house training sessions, and two international conferences.

Results:
We identified four challenges to collaboration:

1) Enabling partner contribution (eg accessible terminology, training, expenses);
2) Establishing relationship boundaries (ie differentiating the clinical roles of patient and clinician, versus research colleagues);
3) Avoiding tokenism (partners have ability and experience); and
4) Understanding the hurdles for partners (eg commitment, cost, anxiety).

The practical approaches we used to meet these challenges were summarized in the acronym FIRST: Facilitate (inclusion, contribution); Identify (projects, patients, roles); Respect (contribution, views, confidences); Support (encourage, communicate); Train (ethics, research methods). Benefit to projects included new approaches to outcome assessment, and enhanced interpretation of focus group transcripts from patient perspectives. Benefit to Partners was increased confidence, empowerment and satisfaction in making a contribution. Professionals found that challenges to previous assumptions led to a greater understanding of disease and its personal impact.

Discussion and Conclusion:
Based on real experiences we provide a model for collaboration between clinicians and patients in research, which brings benefits for the project, the patient and the researcher.

Recommended reading:

Hanley B, Bradburn J, Gorin S, Barnes M, Goodare, Kelson M, Kent A, Oliver S, Wallcraft J (2004). Involving the public in NHS, public health and social care research: Briefing notes for researchers. Involve, 2nd edition. www.invo.org.uk

Richards P, De Wit M, Kirwan J, Quest E, Hughes R, Heiberg T, Hewlett S (2005). Patients and professionals as research partners: Challenges, practicalities and benefits. Annals of the Rheumatic Diseases; 64 supplement III: 613 (abstract)

Tallon D, Chard J, Dieppe P (2000). Consumer involvement in research is essential. BMJ; 320: 380

Source of Funding

Dr Hewlett is funded by the Athritis Research Campaign

1.11.2.

Evaluating the implementation of evidence into practice: Methodological challenges

Jo Rycroft-Malone, Senior Research Fellow, RCN Institute, Royal College of Nursing, Oxford, United Kingdom.

Email: Joanne.rycroft-malone@rcn.org.uk

Co authors: Kate Seers, Ian Bullock

Abstract:

Background:
Evidence-based practice has become a policy imperative but one that is difficult to achieve. The research base for practice has grown massively, despite this, studies have also shown that 30-40% of patients do not receive treatments of proven effectiveness and that 20-25% get treatments that are not needed or are potentially harmful (Grol 2001, McGlynn et al 2003). In parallel there continue to be loud calls for experimentation in the evaluation of complex interventions in health care (e.g. Thompson 2004).

Aim:
The aim of this paper is to highlight the challenges that experimentation presents in researching the implementation of evidence into practice.

Approach:
The presentation will draw specifically on our experiences of designing and planning a large quasi-experimental study to evaluate the implementation of a national guideline in the UK's National Health Service. Discussion In planning this study a number of issues emerged and will be discussed, including; using theory to guide design, choosing interventions including type, dose and potency, determining the unit of analysis, time needed for implementation and deciding on process and outcome measurement. Significantly these issues highlight the need to work alongside other disciplines to determine robust methods. They also underline the challenge that nursing, as a practice based profession, has in findings a way to embrace all forms of knowledge generation in the pursuit of improving patient outcomes.

Conclusion:
Implementing evidence into practice is notoriously complex, dependant upon the nature of the practice change, practitioners and change agents, and contextual factors. These complexities present significant challenges in developing rigorous evaluation studies. This presentation offers a case study of one team's experiences of tackling some key issues.

Recommended reading:

Grol, R. (2001). Successes and failures in the implementation of evidence-based guidelines for clinical practice. Medical Care, 39(8 Suppl 2), 1146-1154.

McGlynn, E.A., Asch, S.M., Adams, J., Keesey, J., Hicks, J., DeCristofaro, A., et al. (2003). The quality of care delivered to adults in the United States. New England Journal of Medicine, 348(26), 2635-2645.

Thompson, C. (2004) Fortuitous phenomena: On complexity, pragmatic randomised controlled trials, and knowledge for evidence-based practice. Worldviews on Evidence-Based Nursing, 1(1), 9-17

Source of Funding

The Health Foundation

1.11.3

Great un-expectations: Working with older people as co-researchers

Julia Ryan, Senior lecturer, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom.

Email: J.Ryan@salford.ac.uk

Co author: Tracey Williamson

Abstract:

Aims:
To explore challenges faced when working with the public as co-researchers; To disseminate successful approaches to training older people as co-researchers; To identify ways of optimising meaningful user involvement in doing research.

Introduction:
This presentation is underpinned by learning from a Big Lottery funded collaborative study by a team of university researchers, Age Concern development workers and volunteer older people. The study focuses on identifying strategies to prevent and manage loneliness and isolation amongst older people in Wigan. Involving the public and service users in all stages of the research process is a key priority of government and other advocates of user involvement. Whilst glossy examples of involving the public exist, less disseminated are challenges and threats to studies faced by researchers as a result of working with the public and how they overcame them.

The study:
Ten volunteer over 50s participated in a one-year development programme to prepare them for roles as co-researchers. The volunteers have been trained to collaboratively design the study and undertake data collection, analysis and dissemination during its three years duration. Whilst largely successful, a number of tensions have needed to be managed and it is these that are focused on here.

Challenges faced:
Issues covered:
- Group dynamics and leadership
- Motives and expectations
- Making best use of previous work and life experiences
- Is 'over involvement' possible?
- Managing role conflict and changing roles

Whilst some problems were anticipated, not all were preventable resulting in substantial 'emotional labour' for the university researchers. At times the value of involvement was questioned.

Conclusion:
Despite employing high standards of good practice for involving the public, difficulties can be hard to prevent and difficult to manage. Participants will benefit from our insights and learning and be equipped to apply these to their own practice.

Recommended reading:

Calnan M. & Gabe J. (2001) From consumerism to partnership? Britain's National Health Service at the turn of the century. International Journal of Health Services 31 (1), 119-131.

Faulkner A. (2005) Guidance for Good Practice. Service user involvement in the UK Mental Health Research Network. Service User Research Group England.

Franck L. & Winter I. (2004) Research participant information sheets are difficult to read. Bulletin of Medical Ethics, February 2004, 13-16.

Source of Funding

Big Lottery

1.12.1

Evidence for practice: Infant immunisation

Linda Diggle, Principal Research Nurse/Manager, Oxford Vaccine Group, University of Oxford, Oxford, United Kingdom.

Email: linda.diggle@paediatrics.ox.ac.uk

Co authors: Jon Deeks; Andrew Pollard

Abstract:

Background:
Although international guidelines for intramuscular delivery of infant vaccines are available (World Health Organization, 2005), UK nurses vary in the technique and needle size selected for anterolateral thigh administration. Up to now there has been insufficient evidence for recommendations to practitioners (Royal College of Paediatrics and Child Health, 2002). A randomised controlled trial was undertaken to add to the evidence base for infant immunisation.

Aims:
To determine whether needle size affects the immune response (immunogenicity) to the vaccines or local reactions after each of the 3 primary doses of vaccine administered in infancy.

Methods:
696 healthy infants were randomly allocated to one of three needle size groups for receipt of DTaP/Hib and MenC vaccines using a standardised injection technique at 2, 3 and 4-months of age. Parents (blinded outcome assessors) recorded local and general reactions for 3 days following each dose. A venous blood sample was taken 28-42 days following administration of the third dose of vaccine for measurement of antibody concentrations.

Results:
After each immunisation the rate of local reaction was significantly reduced in the group immunised using a longer (25mm) rather than a shorter (16mm) needle. Severe local reactions occurred more frequently amongst the shorter needle group. Comparison between same length different gauge needles (25G vs 23G) indicated reactogenicity was not affected by the diameter of the needle. Immunogenicity of the vaccine antigens was higher in the sera of infants who received immunisation with a longer needle and the differences met the criteria of non-inferiority for MenC and diphtheria vaccine.

Discussion and conclusions:
Longer (25mm) needles for infant immunisation can significantly reduce the reactogenicity of vaccines administered in infancy without compromising immunogenicity. Nurses should use a 25mm needle and WHO injection technique to deliver infant vaccinations. National policymakers should consider this evidence in recommendations for infant immunisation.

Recommended reading:

Royal College of Paediatrics and Child Health. (2002). Position Statement on Injection Technique.

World Health Organization. (2005). Immunization in practice: Module 6 Holding an immunization session., WHO/IVB/04.06 Available from: http://www.who.int/vaccines-diseases/epitraining/SiteNew/iip/PDF/Module6.pdf.

Source of Funding

NHS Research & Development Project Grant Scheme

1.12.2

Plenary - See Thursday 23 March 09.10

1.12.3

Localising scientific evidence in nursing home care

Ana Barderas Manchado, Research Documentalist in the National Research Network for Elderly Care (RIMARED). Center for Coordination and Development of Nursing Research, Instituto de Salud Carlos III, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investén-isciii), Instituto de Salud Carlos III, Madrid, Spain.

Email: gemaescobar@isciii.es

Co authors: Jose Manuel Estrada-Lorenzo; Blanca Egea-Zerolo and Gema Escobar-Aguilar

Abstract:

Objectives:
General objective: To identify scientific evidence which has been published about home care provided by nursing personnel and informal caregivers.

Methodology:
Bibliographic searches in PubMed-MEDLINE, Cochrane Library and CINAHL, focusing on: Home nursing, Caregivers. Chronological coverage: full, covering from the time when MEDLINE (1966) and CINAHL (1982) initially appeared. The search has been limited to: clinical trials, systematic reviews, consensus conferences, practice guidelines etc.

Findings:
Preliminary findings obtained up to now show that: 934 documents on nursing home care were initially localised and those which were duplicated were removed, so 714 remained. Studies have been localised from the period 1979-2005, 2000, 2002 and 2004 being the years with the highest publication rate. 61.9% of publications have been identified in CINAHL and 37.5% in MEDLINE. 28.0% of the above mentioned studies are clinical trials, 24.9% are review articles and 13.8% are systematic reviews. The most significant study areas are: Nursing Techniques and Procedures (41,0%), Research (16,2%), Caregivers (10,6%), Care Management and Quality (9,5%) and Health Promotion (7,4%), Studies comparing home care versus hospital care (7,0%), Palliative Care (3,9%), e-Health (2,0%). Documents have been published in more than 330 journals, these journals being published mainly in English and being of Anglo-Saxon origin. 40.5% of the documents come from the United States, 18.4% from the United Kingdom, 8.6% from Canada and 5.7% from Australia. In the aggregate, 50% of the publications come from the American continent, 32.7% from Europe, 6.5% from Oceania, 1.12% from Asia and 0.14% from Africa. By magazines, Home Healthcare Nurse has been the one which has published the highest number of publications, with an aggregate of 32, followed by BMJ (with 29 publications), Caring (14) and Lancet (12). Of the 10 journeys with the highest rates of publications, four of them are specialised in nursing issues (Home Healthcare Nursing, Caring, Journal of Advanced Nursing and Public Health Nursing).

Conclusions:
By the volume of localised information, it seems like nursing home care is a area of interest among nursing researchers. By its specialisation degree, it is obvious that CINAHL carries a lot of weight in its quality of basic resource for information recovery (nearly twice as many documents have been identified in CINAHL as in MEDLINE). The majority of studies (41.86%) have a high level of evidence (clinical trials and systematic reviews). Anglo-Saxon countries and publications are predominant. Nursing journeys have a significant weight within the overall scientific production and in the number of identified journals

Recommended reading:

Cabrero García J. (1999). Enfermería basada en la evidencia y utilización de la investigación. Index Enferm (Gran), 27,12-18.

Martínez Riera JR. (2003). Barreras e instrumentos facilitadores de la enfermería basada en la evidencia. Enferm Clínica, 13,303-8.

Source of Funding

None

Tuesday 21 March

15.30 - 17.30
Concurrent session 2

2.1.1

Intrauterine growth restriction: Does it impact on quality of life in adulthood?

Dale Spence, Lecturer, School of Nursing and Midwifery, Queen's University of Belfast, Belfast, United Kingdom.

Email: d.spence@qub.ac.uk

Co authors: Fiona Alderdice; Moira Stewart; Henry Halliday

Abstract:

Background:
Intrauterine Growth Restriction (IUGR) remains a major clinical problem in obstetrics. Evidence suggests poor intrauterine growth is associated with adverse outcomes in adulthood affecting both physical and psychological development. Long-term follow-up studies of adults who suffered IUGR at birth are very uncommon but are needed to assess the impact on quality of life.

Aim:
Ascertain if babies born growth restricted achieve the same health related quality of life in adulthood as babies born with normal birthweight.

Method:
A retrospective cohort design, using historical birth records of babies born in a Belfast Hospital, in 1954-1956. Subjects were traced and assessed in adulthood for quality of life, general health, health service use and socio-economic status. The study group comprised all singleton, term, live births who were growth restricted (n=491). A random selection of this non-study group comprised the comparison group (n=491). A validated questionnaire including the Short Form 36 Health Survey (SF-36) was used. Analysis was carried out on each dimension to compare mean scores between the study and comparison groups. Adjustments were made for potential confounding variables.

Results:
Overall, both groups reported similar quality of life on each dimension of the SF-36, although the IUGR group had higher scores on the physical dimensions and lower scores on the psychological dimensions, than those born with normal birthweight. However, these differences between groups were statistically non-significant. The IUGR group also tended to use health services more.

Discussion/Conclusion:
Results from the study were reassuring in terms of similarity of SF-36 scores between groups. However, this is a generic measurement of health status and further research using individualised assessment may provide more sensitive and insightful data. Further study should also explore implications of being born with IUGR for health service resources.

Recommended reading:

Clausson B., Gardosi J., Francis A. and Cnattingius S. (2001) Perinatal outcome in SGA births defined by customised versus population-based birthweight standards. BJOG August, 108, pp830-834

Kingdom J. and Baker P. Eds (2000) Intrauterine Growth Restriction Aetiology and Management London: Springer-Verlag

Sullivan M., Karlsson J. and Ware J. (2001) The Swedish SF-36 health survey 1 Evaluation of data quality, scaling assumptions, reliability and construct validity across general populations in Sweden. Soc Sci Med 41, pp1349-1358

Source of Funding
Research & Development Office for Northern Ireland

2.1.2

The prevalence of enduring postnatal perineal morbidity and its relationship to type of birth and birth risk factors: A retrospective community cross-sectional survey

Amanda Williams, Midwife, Obstetrics and Gynaecology, Heart of England NHS Foundation Trust, Birmingham, United Kingdom

Co authors: Sandy Herron-Marx; Rebecca Knibb

Abstract:

Background:
It is well documented that women endure short-term postnatal perineal morbidity following childbirth (e.g. incontinence, perineal pain and sexual morbidity) (Glazener et al, 1993, MacArthur et al, 1991 and Brown and Lumley, 2000). However to date, very little research has been carried out into the long-term effects of perineal morbidity and it's relationship to the type of birth the women experienced and other birth risk factors (ethnic origin, age, parity, length of labour, epidural anaesthesia).

Aims and Objectives:
To investigate the prevalence of perineal morbidity at twelve-months postnatal and its relationship to type of birth and birth risk factors. Methods:A retrospective cross-sectional community survey of 2100 postnatal women (using a total population sampling strategy) within two maternity units in Birmingham was conducted.

Findings and Discussion:
482 women responded to the questionnaire (23.3%). Overall a high level of enduring perineal morbidity was reported with 87% complaining of at least one index of morbidity. Instrumental births were associated with higher levels of certain types of perineal morbidity than women following a caesarean section and normal vaginal birth (stress and urge urinary incontinence, flatus incontinence, sexual morbidity, and dyspareunia). In particular, women following a forceps birth reported higher levels of morbidity than normal or ventouse birth (continual, stress and urge urinary incontinence and flatus incontinence), even when comparing with the same perineal trauma. Increasing age, increasing birth weight, length of labour and particularly Asian ethnic origin were also identified as risk factors for certain types of perineal morbidity.

Conclusions:
The study concludes that enduring perineal morbidity in women following childbirth is common especially with women following a forceps birth and certain birth risk factors (i.e. age, ethnic origin, length of labour and birthweight). These findings highlights the need for further research and provides a number of challenges for healthcare services and healthcare professionals.

Recommended reading:

Brown, S and Lumley, J. (2000) Physical Health Problems after Childbirth and maternal depression at six to seven months postpartum. British Journal of Obstetrics and Gynaecology. Vol.107 P1194-1201

Glazener, C; Abdalla, M; Russell, I and Templeton, A. (1993) Postnatal Care:a survey of patient's experiences. British Journal of Midwifery. Vol. 1 (2) P67-74.

MacArthur, C; Lewis, M and Knox, E, G. (1991) Health After Childbirth. London, HMSO

Source of Funding
Funds of £15,000 were obtained from the Local Research and Development FRESH funding after internal and external review.

2.1.3

Real voices. The search for silent witnesses: Women's experiences of red cell antibodies in pregnancy

Donna Kirwan, Regional Coordinator Antenatal Screening Programmes, Department of Public Health, Central Liverpool Primary Care Trust, Liverpool, United Kingdom

Abstract:

Background:
Information about the biological and scientific aspect of red cell antibodies in pregnancy is plentiful within current literature. However, little exists to describe or explain 'real life' maternal experiences, which health professionals seek when pregnant women are affected by red cell antibodies.

Aims:
To explore the real life experiences of women and their partners affected by red cell antibodies and ascertain their understanding and perception of the condition..

Methods:
Using non-probability purposive sampling five pregnant women and one partner participated in the study, which was based in a tertiary referral fetal medicine unit. Data was captured using semi-structured interviews and participant diaries. Thematic analysis was used to generate categories and themes to describe and explain women's experiences.

Results:
Thematic analysis generated eleven emerging themes clustered within two main categories related to the phenomenon. Discussion Being managed within a 'technocratic' model of medicine, created feelings of maternal negativity, feelings of powerlessness, lack of control, feelings of guilt and vulnerability. Care within a medicalised 'technocratic' framework, consequently had an emotional impact, as women adapted to 'hospitalisation' despite being health individuals.

Conclusion:
Antibodies in pregnancy segregated women from the traditional midwifery care and as such women considered their antibodies a burden, a result of their biology and social expectations Implications arising from the study, point to the need for health professionals to be aware of maternal experiences affected by antibodies. Overall, it was not just the general lack of awareness that was alarming, but also how women reacted to the condition and how this created negativity. This study has proved fruitful in terms of providing a broader insight of the maternal perspective, an empathetic insight, which hopefully may be information for both the health professional and women themselves.

Recommended reading:
Royal College of Obstetrics and Gynaecology (1999) Use of anti-D immunoglobulin for rh prophylaxis Green Top Guideline (22): 1-6

Katz-Rothman B (1998) The tentative pregnancy: Amniocentesis and the sexual politics of motherhood. Pandora Harper Collins. London

Oakley A (1993) The captured womb: A history of the medical care of pregnant women. Basil Blackwell

Source of Funding
None

2.1.4

From institution to inter-dependence: Exploring the organisational implications of caseload midwifery

Trudy Stevens, Senior Lecturer in Midwifery, Institute of Health and Social Care, Anglia Polytechnic University, Chelmsford, United Kingdom.

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Abstract:
Over the past 50 years childbirth in England has become predominantly hospital orientated, with midwives forced to meet the needs of the institution rather than those of childbearing women. In 1994 a change in government policy for the maternity services attempted to address the dissatisfaction felt by mothers and midwives (DoH 1993, 1994). The model of caseload midwifery was developed from their recommendations. This paper is taken from a doctoral study exploring the implementation of caseload midwifery within a highly medicalised inner-city NHS maternity service. Working in partnership, within small groups, each midwife carried a caseload of 40 women per year. No longer based in the conventional hospital or community services, the midwives worked where and when appropriate to meet the needs of their women. The research was undertaken over 46 months using an ethnographic approach to explore the implications this change held for those delivering the service. A variety of data collection methods and analyses were used iteratively, in a process of responsive focusing. This prolonged study period facilitated an understanding of the development of caseload practice from implementation into an established service.

This paper will focus on the ways in which organisational features were seen to influence the practice and meaning of midwifery. The control over, and uses of, time emerged as an important theme in this regard. Also, although considered by many to be independent and 'isolationist', the strengths of caseload practice were identified within the context of group and inter-professional relationships, and in the relationship midwives formed with mothers and their families. The implications these findings hold for practitioners, and the challenges this model presents to the wider service organisation, will be discussed.

Recommended reading:
Department of Health (1993). Changing Childbirth. Report of the Expert Maternity Group Part 1 (The Cumberlege Report). London, HMSO.

Department of Health (1994). Woman-centred maternity services. NHS Management Executive Letter EL (94)9. London.

Source of Funding
none

2.2.1

Issues in analysing qualitative data

Josephine Tetley, Lecturer, School of Nursing and Midwifery, University of Sheffield, Sheffield, United Kingdom.

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Abstract:
Qualitative data analysis (QDA) is argued to be one of the most confusing and complex phases of a qualitative research project (Thorne, 2000). As a consequence it is argued that qualitative researchers are often hesitant to lay bear the process and products of their analysis because: 'Data analysis is our most vulnerable spot, it is the area of our research where we are most open to criticism. Writing about data analysis is exposing ourselves for scrutiny. Perhaps it is for these reasons that data analysis fails to receive the attntion and detail it deserves' (Douchet and Mauthner 1998: p 3). As a researcher having undertaken a complex constructivist inquiry with older people that explored the factors that underpinned their decision-making process when contemplating the use of health and social care services, I will explain how constructivist QDA techniques, as described by Lincoln and Guba (1985), were used to analyse data captured by diaries, narratives and interviews to develop an interpretive framework. More specifically within this presentation I will demonstrate the mistakes that I made, alongside the techniques that helped me make sense of the data collected. I will also explain how issues of silence and articulation contributed to the initial difficulties that I encountered when I started coding and analysing my data.

Recommended reading:
Douchet, A. Mauthner, N. (1998) Demystifying Data Analysis; Using a voice-centred relational method. Qualitative Interest Group - Conference Proceedings. Available at http://www.coe.uga.edu/quig/proceedings/Quig98_Proceedings/doucet_mauthner.html (last ac

Lincoln, Y.S. Guba, E.G. (1985) Naturalistic Inquiry. Beverly Hills. Sage.

Thorne, S. (2000) Data analysis in qualitative research. Evidence Based Nursing. 3 (3) 68-70.

Source of Funding
NHSE Trent

2.2.2

Use and potential role of qualitative data in evaluations of palliative care interventions

Kate Flemming, Research Fellow, Health Sciences, University of York, York, United Kingdom.

Email: kaf1@york.ac.uk

Abstract:
Aim:
This paper is a presentation of a conceptual thinking and review of literature examining the potential of qualitative data to inform clinical trials, combined with an examination of how these data are currently used.

Method:
A review of the qualitative research literature exploring issues related to trial design, conduct and outcome was undertaken. This was followed by an examination of six published systematic reviews undertaken by the Pain, Palliative and Supportive Care Cochrane Review Group for the presence of any qualitative data. The trials (n=146) included in each of these reviews were explored to determine if qualitative data had been collected alongside or out with the trial.

Results:
The literature review guided the development of a classification of ways in which qualitative research may inform the design and outcomes of trials of palliative care interventions. The examination of reviews showed that qualitative data have not been included within trials of palliative care interventions, with only one poor quality trial reporting any qualitative data, and reviews not incorporating qualitative data from other sources.

Discussion:
The findings from the review of systematic reviews reflect the focus and concerns that clinical trials have historically had. It is increasingly recognised that qualitative data have a role to play in designing trials that can be successfully delivered (MRC 2003). Within palliative care this potential may be realised in at least the following ways: ensuring research has relevance to patients and health care professionals; improving recruitment; ensuring treatment arms represent interventions that are considered equitable for evaluation by health care professionals; reducing sample bias by minimising 'overprotection' of patients by health care professionals; determining which outcomes are important to patients. Enhancing the validity and reliability of trials now, will in turn improve the quality of systematic reviews of the future.

Recommended reading:
Medical Research Council (2003) Clinical Trials for Tomorrow. London. Medical Research Council

Source of Funding
Department of Health

2.2.3

Issues and dilemmas in using participant observation in an acute hospital setting

Lesley Baillie, Principal lecturer, Faculty of Health and Social Care, London South Bank University, London, United Kingdom.

Email: baillilj@lsbu.ac.uk

Abstract:
This paper will examine the use of participant observation by a nurse conducting research in an acute hospital setting. This is a challenging research method to use in an environment with a rapid throughput of vulnerable patients. Nevertheless, participant observation offers a valuable method of collecting data grounded in an acute care setting.

The author's paper aims to provide insights that will assist others in using this method, thus promoting the development of knowledge within health care. This abstract explains the context of the participant observation carried out by the author, and some of the issues that arose when using this method. During the paper presentation, the author will critically analyse how these issues were handled in practice. During a multi-method case study of patient dignity in a surgical ward specialising in urology, the researcher conducted participant observation for twelve four-hour periods.

Each observation focused on the care of purposefully selected patients followed by interviews with them and key staff involved. The changing nature of the ward, use of temporary staff and unpredictability of patients and their conditions all challenged

recruitment and consent procedures. A key issue however was attaining an appropriate level of participation during observation. It has been asserted that participant observation has no single agreed meaning and the level of participation is affected by the researcher's interpretation of the method and the validity of the knowledge obtained that way (Savage, 2000). The researcher faced many dilemmas about when to intervene in care and strived to be reflexive, constantly examining her impact on the research process (Williams, 1995).

Although the researcher developed a protocol for her behaviour during participant observation to clarify her role and boundaries, when to intervene remained a constant dilemma; role conflict in nursing research is an acknowledged challenge (Wilkes and Beale, 2005).

Recommended reading:

Savage, J. (2000) Participative observation: standing in the shoes of others? Qualitative Health Research 10(3), 324-9

Wilkes, L. and Beale, B. (2005) Role conflict: appropriateness of a nurse researcher's actions in the clinical field. Nurse Researcher 12(4), p57-70.

Williams, A. (1995) The relationship between ethnography and feminist research. Nurse Researcher 3(2), 34-44

Source of Funding
None

2.2.4

'Active' non-participant observation: The uncertain grappler vs. the empty vessel

Sue Lee, Director of Studies for Pre-REgistration Nursing, School of Nursing and Midwifery, St Martin's College, Lancaster, United Kingdom

Abstract:
This paper explores the tensions inherent in the observation of clinical practice as a data collection technique, in the context of the continuing methodological debate concerning rigour and the representation of the 'truth' of clinical practice. This presentation contributes to that debate through a discussion of an observational technique – 'active' non-participant – and its possibilities (and limits) within post-structural research approaches. Recent research governance procedures have (rightly) made it harder for 'outsiders' (e.g. researchers not employed by the NHS) to gain access to research populations (patients and / or staff) within the NHS; this may limit the possibility of using participant observation as a data collection method, even where this is methodologically sound. I suggest that 'active' non-participant observation may offer a way forward in these situations as well as promoting a means of interactive data collection which acknowledges, and accounts for, the researcher's own experiences and subject expertise. Many texts on observational techniques emphasise the 'empty vessel' or passive approach of non-participant observation, suggesting that rigour and validity are only gained through 'quiet', sponge-like means whereby the researcher soaks up data in an uncontaminated and pure way.

For post-modernist researchers, this is both a pointless and inaccurate view of data collection because 'truth' is contextual and shifting; perceptions are always affected by the interaction of the people present, by the researcher's own experiences, the very act of observation (which need not be silent). Using the underpinning approaches of 'active' interviewing (Holstein & Gubrium, 1997) I will explore the possibilities of 'active' non-participant observation, presenting some examples from my own research,and discussing itsmitations as the nature of grappling with the uncertainties of representation in the act of interpretation is exposed.

Recommended reading:

Rolfe G (2000) Research, truth, and authority: postmodern perspectives on nursing. Macmillan Press Ltd, Basingstoke.

Stephenson C & Beech I (1998) Playing the power game for qualitative researchers: the possibility of a post-modern approach. Journal of Advanced Nursing. 27, 790-797.

Holstein JA & Gubrium JF (1997) Active interviewing in: Silverman D (ed.) (1997) Qualitative research: theory, method and practice. London, Sage. (Chapter 8).

Source of Funding
Employer

2.3.1

How competent are new nurses and do we need more time? Opportunities or challenges for preceptors

Tim Clark, Senior Lecturer, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, United Kingdom

Abstract:
This presentation examines the difficulties in the development of competence for new nurses. Experiences of twenty nurses and their preceptors were identified in interviews and observation of practice and this data was used to refine a conceptual model of competence (Clark, 2005). Although few nurses felt competent, the NMC requires nurses to state they are competent on registration (NMC, 2002). Duffy (2004) has identified that some mentors 'fail to fail' students, and, in the absence of monitoring in preceptorship, the potentioal for ongoing problems is clearly present. The NMC are considering introducing a longer period of supervision after registration.

The findings of this study challenges the need for such an extension. Appropriate preceptorship with support, feedback and challenge in a 'learning friendly' environment will prepare competent and confident practitioners. However, some assessment of competence is likely to be needed. Extending a period in 'learner unfriendly areas' is unlikely to develop competent practitioners.

Recommended reading:

Clark, T.J. (2005) The Development of Competence in Newly Qualified Nurses, Unpublished PhD Thesis. University of Kent.

Duffy, K. (2004) A grounded theoryinvetigation of factors which influence the assessment of students' competence to practice.NMC website [www.nmc.org] accessed June 8th 2005

The Nursing and Midwifery Council (1992) The Code of Professional Conduct. NMC London

Source of Funding
Canterbury Christ Church University

2.3.2

The importance of high quality supervision for NHS practitioners

Patricia Jarrett, Research Fellow, Health in the Community, University of Warwick, Coventry, United Kingdom

Co author: Jane Barlow

Abstract:

Background:
Clinical Supervision is now acknowledged as being a central part of the clinical work of nurses, midwives and health visitors (Butterworth and Faugier, 1992), particularly since the arrival of clinical governance into the NHS in 1998. Although claims have been made about its widespread introduction into nursing in the NHS (Butterworth and Woods, 1998), many front line practitioners still struggle to access regular high quality clinical supervision, particularly in primary care.

Aims:
The aim of this paper is to explore the impact of fortnightly clinical supervision in enabling Health Visitors to work effectively with complex families. The role of supervision was assessed as part of a randomised control trial that was undertaken to evaluate the effectiveness of an intensive home visiting programme, provided by health visitors to families at risk of poor parenting (Barlow et.al., 2003).

Methods:
Semi-structured interviews were conducted with a purposive sample of 15 Health Visitors who were providing an intensive home visiting service. Health Visitors were encouraged to talk about their experience of Clinical Supervision. The data were tape recorded, transcribed and analysed using NUDIST 5 QSR.

Results:
Many of the Home Visitors commented on the impact supervision had on their professional practice, increasing their own self awareness, thereby giving them the opportunity to reflect on their own practice as a basis for correction.

Discussion:
The findings from this qualitative study suggest that frontline professionals working within the NHS were able to identify a number of important ways in which regular, high-quality supervision had benefited their practice.

Conclusion:
Attempts to improve the quality of clinical care, particularly in terms of work with vulnerable children, will necessitate that all NHS professionals receive the frequency and quality of supervision provided in the current study.

Recommended reading:

Butterworth, T. and Faugier, J. (1992) Clinical supervision and mentorship in nursing.London: Chapman Hall.

Butterworth, T. and Woods, D (1998) Clinical governance and clinical supervision working together to ensure safe and accountable practice. School of Nursing, Midwifery and Health Visiting, University of Manchester.

Barlow et. al. (2003) Working in Partnership: The Development of a Home Visiting Service for Vulnerable Families, Child Abuse Review, 12: 172 - 189.

Source of Funding
Nuffield Foundation

2.3.3

Clinical leadership and congruent leadership

David Stanley, Associate Professor Clinical & International Nursing, Edith Cowan University, Australia

Abstract:
Nursing leadership has been the subject of considerable interest and in the last decade, the promotion of nursing leadership has intensified as the nursing profession and National Health Service (NHS) recognised its value and promoted a greater role for nurses in the changing health service. The research that underpins this presentation / session (my doctural study) involved surveying qualified nurses from D to H grade (n = 830) who staffed 36 clinical areas in one acute NHS Trust. A questionnaire and 50 interviews were used to collect data about aspects of clinical leadership, who the clinical leaders are and the experince of beeing a clinical leader.

The data was analysed using NVivo and ethical approval was a gained prior to data collection. A considerable volume of data was gathered that indicated that clinical leaders appear to be present at all nursing levels and in considerable numbers. Significantly, the nurses in command of care were recognised not becasue of their creativity or vision (traits associated with transformational leaderhip) but becasue their values and beliefs about care were on show and matched their actions. They built their approach to leadership on a foundation of care that was fundamental to their view of nursing and how they acted out these ideals. This lead to the development of a new theroy of leadership (Congruent Leadership) where clinical leaders are followed becasue their actions and deeds match their beliefs, values and principles, reather than becasue of any vision of creativity they may have. Presented, will be the new theory (Congruent Leadership). How it is recognised, why it is significant and who it impacts on the development of clinical leadership.

Recommended reading:
Stanley D. (2004) 'Clinical Leaders in paediatric nursing: A pilot study.' Paediatric Nursing. Vol.16, No.3, April 2004, p. 39 - 42.

Cook M. (2001) 'The attributes of effective clinical leaders' Nursing Standard. Vol.15. No. 35 May 2001. p.33 - 36.

Wedderburn-Tate C. (1999) 'Leadership in Nursing' Churchill Livingstone. London

Source of Funding
N/A

2.3.4

Session moved to 7.9.2

2.4.1

Collaborative research between nurses and doctors - a pie in the sky?

Theresa Mitchell, Principal Lecturer/Research Consultant, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom.

Email: Theresa.Mitchell@uwe.ac.uk

Abstract:
Contrasts and tensions between the traditions of nurses and doctors are very obvious during the research process. A nurse undertaking a PhD serves a long research apprenticeship that aims to introduce them to particular philosophies underpinning healthcare research, and which inform research design. Medical doctors, on the other hand, perceive clinical trials to be the 'Gold Standard' in research and these opposing paradigms have created years of interesting debate (Draper & Draper, 2003). I am a nurse educationalist with a PhD and work alongside nurses in the midst of practice, planning and conducting research in response to problems as they occur. Within the last year I have been invited by medical doctors to plan and lead a qualitative dimension of a clinical trial.

This trial comprises three treatment arms to which people with colorectal cancer are randomly allocated in order to receive palliative chemotherapy. Medics are interested to know how their patients feel about participating in the trial, how they made the decision to participate, and how their patients perceive the other two treatment arms. The purpose of the qualitative dimension is to illuminate patients' experiences with a view to improving adherence and compliance. The spirit of collaborative research is central to professional practice which enhances, and is essential to, effective health and social care (Freeth & Reeves, 2004). But is the expectation of nurses and medics researching together to improve service provision pie in the sky, or can the two traditions be spanned and reconciled?

This presentation will outline the methodology of the research, but has the primary aim of focusing on disparities encountered during collaboration. Despite these disparities there is much to be gained. Issues concerned with sampling, conversational interviews, reflexivity and continuity will be addressed from both the nurses' and medics' perspectives.

Recommended reading:
Draper, J. & Draper, P. (2003) Response to: Watson's Guest editorial 'Scientific methods are the only credible way forward for nursing research'. Journal of Advanced Nursing. 44 (5) 546-548.

Freeth, D. & Reeves, S. (2004) Learning to work together:using the presage, process, product (3P) model to highlight decisions and possibilities. Journal of Interprofessional Care. 18 (1) 43-56.

Source of Funding
none

2.4.2

Interagency research collaboration: The process and the challenges

Mary Lewis, Senior Nurse and Research Associate, Centre for Child and Adolescent Health, University of the West of England, Bristol, United Kingdom.

Email: mary.lewis@uwe.ac.uk

Co authors: Nicola Eaton; Antonia Beringer

Abstract:
At the heart of the UK Government's modernisation agenda is a fundamental change in philosophy about how health, social, education and voluntary sector services should be delivered (DH 2000). This involves a cultural change in the way services are designed and delivered around interagency pathways of care rather than organisations. Alongside this there is increasing expectation that services be based on sound evidence of efficacy and safety with due consideration for limited resources (Muir Gray 1997). A children's palliative care partnership in South West England, used as the study area, exemplifies some of the challenges and opportunities of this approach. The available evidence to support the development of children's palliative care services is limited focusing mainly on cancer services (Emond & Eaton 2004). A three-year study evaluating the development of this partnership began in 2004. The paper presented will draw on early experiences of the processes and challenges involved in setting up an interagency research study that it is suggested reflect some of the practice development issues of the modernisation agenda. The influence of epistemological stances, philosophical perspectives, variations in working practices and research experience have all contributed to a lively, iterative and interactive process that has informed the development of the research.

In sharing the experience of developing a study that is meaningful to all the stakeholders as well as achieving academic rigour the intention is to contribute to a debate on strategies for supporting interagency research collaborations that will become increasingly important for contemporary health and social care. One year into the study the authors are older and wiser, the stakeholder group are fully engaged and 'own'the study. It is suggested demonstrating partnership in both service delivery and research has the capacity to strengthen the true nature of partnership working and narrow the evidence into practice gap.

Recommended reading:
Department of Health (DH) (2000) The NHS Plan: A Plan for Investment. A Plan for Reform. London, The Stationary Office.

Muir Gray, J. (1997) Evidence-Based Healthcare: How to Make Health Policy and Management Decisions. London: Churchill Livingstone.

Emond, A. & Eaton, N (2004) Supporting children with complex healthcare needs and theri families - an overview of the research agenda, Child: Care, Health and Development, 30 (3), 195 - 199.

Source of Funding
Children's Palliative Care Partnership (BIG lottery funded)

2.4.3

Enhancing the visibility of nursing and midwifery research at European policy and funding levels

Teresa Moreno Casbas, Nursing Officer with lead responsibility for Research and Development for nursing research, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investén-isciii), Instituto de Salud Carlos III, Madrid, Spain.

Email: mmoreno@isciii.es

Co authors: For the ERACRE-Network Project; Theresa Fyffe; Sarah Condell; Paul Poortvliet; John Wilkinson; Abi Masterson; Cristina Jones-Mallada; Jennifer Waterton; Blanca Egea-Zerolo

Abstract:
In 2005, the European Union 6th Framework Programme funded an eleven month Specific Support Action for nursing and midwifery research entitled ERACARE. Due to EU eligibility for this scheme the project involved research policy makers and funders from five different countries and regions. Part of this project was a Scoping Exercise to assess the funding of nursing and midwifery research across Europe from a policy perspective. The final report will be published in

December 2004 and will help to contribute to the WHO resolution intended to strengthen nursing and midwifery in policy (WHA54.12). This paper will describe the findings of that exercise. It will also detail the methods used and the challenges of such a process within the short allotted timeframe. These include finding key 'gatekeepers'; using a standardised format for information gathering; and the position of nursing and midwifery and health infrastructure in individual states. This is in the context of work undertaken by others at European level such as WENR. (Smith et al, 2004, Perala & Pelkonen, 2004).

The knowledge learnt from this exercise will be shared so that future or current policy initiatives can be strengthened. A particular emphasis will show the benefit of partnership working at policy level, not only across national and regional boundaries but also with other stakeholders including professional organisations and the research community. Key messages for policy makers include; developing shared understandings of terminologies and political influences and grounding the work in core health and health care challenges

Recommended reading:

Perala M & Pelkonen M (2004) Networking for the advancement of nursing research in Europe for twenty-five years. International Journal of Nursing Practice 10, 54-55.

Smith L., Ehrenfeld M., Fagermoen, M., Pelkonen M., Wagner l. (2004) EU funding and the Workgroup of European Nurse Researchers: some lesson learned. NT Research 9 (3) 219- 221.

The World Health Report (2000): Health Systems: improving performance. Geneva, World Health Organisation, May 2001.

Source of Funding

European Commision (VI Framework Programme)

2.4.4

The Berlitz guide to working in a multi-disciplinary European research team: Challenges and rewards

Jayne Brown, Lecturer in Nursing, Acute and Critical Care, University of Sheffield, Sheffield, United Kingdom

Co author: Josephine Tetley

Abstract:

As the European community increases in size nurse researchers are being increasingly been encouraged to explore and embrace collaborative working with colleagues from a range of disciplines at a pan European level (Hale, 2004; Smith et al, 2004). Although funding from the European Commission and British Council enables partnership working across the EU, it has been acknowledged that key factors in the success of international studies are effective communications, recognition of cultural differences and robust project management (Gerrish, 2004). Whilst these may seem realistic aspirations for partnership working at any level, the reality of dealing with, and managing these issues in the 'real' world can be both challenging and incredibly rewarding. In this paper two nurse researchers, working on separate European projects, describe their real life experiences of managing the UK arm of pan European studies and working alongside colleagues across European.

The paper will focus on how working as a member of a European wide research team can enhance professional and personal understandings of:

- different ways of working
- how to make international project meetings a success
- how your experience can be used as a platform for networking and further work
- the learning that can be achieved as a result of European partnership working

Recommended reading:

Hale, C. (2004) Developing a European agenda for nursing research. NT Research. 9 (3) 222-225

Gerrish, K. (2004) European collaboration in nursing research: Looking to the future. NT Research. 9 (3) 231-232

Smith, L.N. Ehrenfield, M. Fagermoen, M.S. Pelkonen, M. Wagner, L. (2004) EU funding and the Workgroup of European Nurse Researchers: Some lessons learned. NT Research. 9 (3) 219-221

Source of Funding

none

2.5.1

Abstract withdrawn

2.5.2

Exploring the lived experience of witnessed resuscitation: The use of van Manen's methodological structure to phenomenological research

Wendy Walker, Senior Research Fellow/Senior Lecturer in Nursing, Faculty of Health and Sciences, Staffordshire University, Stafford, United Kingdom.

Email: wm.walker@staffs.ac.uk

Abstract:

A major consideration for nurse researchers is the quest for philosophical and methodological harmony. Key areas of deliberation and debate in the research design include the nature of reality and knowledge; together with the ways in which understanding of reality might be gained vis-à-vis the philosophic tenets and assumptions that are derived from selected schools of philosophical thought (Chinn & Kramer, 1995). Two philosophical and epistemological lines of inquiry include the positivist (natural science) paradigm, concerned with mechanistic and logical inference to obtain objective knowledge and the interpretive (human science) paradigm which is based on the belief that knowledge is constructed by gaining human insight (Leininger, 1998).

This paper presents the philosophical and methodological basis of a study designed to investigate the lived experience of bystander presence during out-of-hospital cardiopulmonary resuscitation. Particular emphasis is placed on the application of ideas from Heideggarian interpretative phenomenology and the utilisation of van Manen's methodological structure for 'doing' phenomenological research and writing (van Manen, 1984). The content provides a critical overview of the methods used to explore the phenomenon of witnessed resuscitation and includes a summary of experiential descriptions obtained to date. Sources of data include: the use of one's own personal experience, tracing etymological sources, searching idiomatic phrases, locating experiential descriptions in the literature and obtaining accounts of personal experiences from others.

The overall aim is to demonstrate how the inter-subjective nature of researching the lived experience, including the role of the researcher as an active participant in the generation of data, can yield a deeper interpretive understanding of the phenomenon under investigation.

Recommended reading:

Chinn, PL. & Kramer, MK. (1995) Theory and Nursing: a systematic approach. (4th Ed). St. Louis: Mosby

Leininger, MM. (1998) Nature, rationale and importance of qualitative research methods in nursing. In: Leininger, MM. (Ed) Qualitative Research Methods in Nursing. USA: Greyden Press pp. 1-25.

van Manen, M. (1984) Practicing Phenomenological Writing. Phenomenology & Pedagogy 2, 1, 36-69.

Source of Funding

None

2.5.3

Living with a spinal cord injury: a grounded theory approach

Chen Hsiao-Yu, Associate Professor of Nursing, Nursing, Central Taiwan University of Science & Technology, Taichung, Taiwan.

Email: yutin@hotmail.com

Co author: Jennifer Boore

Abstract:

Spinal cord injury has been identified as a high cost disability requiring tremendous change in a patient's lifestyle, accompanied by numerous physical, psychological, social and spiritual stresses, and affects every aspect of the person's life. Adjustment to dramatic changes in functioning, lifestyle, roles, vocation, family, and social relationships is an individualised process that continues throughout the lifetime.

The aims of this study were to discover the suffering of clients with spinal cord injury and develop a nursing model to guide the rehabilitation nurses in caring of clients with spinal cord injury. Grounded theory was used to explore the psychosocial process of clients with spinal cord injury in Taiwan. Interview data from six clients with tetraplegia and nine clients with paraplegia were analysing using constant comparative analysis. Observation was conducted to a group discussion focusing on clients with tetrpalegia and their family/carers. Clients used the process of living with a spinal cord injury point to the experiences of suffering a spinal cord injury. Clients who did better in living with spinal cord injury point could move forward, otherwise, they may withdraw from society.

Nursing care included individual assessment, care in tetraplegia and paraplegia, collaborative care, promoting hope, social care, liaison care and family care from the perception of clients. Health professionals need to recognise the clients' experiences and needs in order to provide better nursing care.

Recommended reading:

Chen, H.Y., Boore, J.R.P. & Mullan, F.D. (2005) Nursing models and self-concept in patients with spinal cord injury – a comparison between UK and Taiwan. International Journal of Nursing Studies 42(3), 255-272.

Glaser, B.G. & Strauss, A. (1967) The discovery of grounded theory: strategies for qualitative research. Chicago: Aldine Publishing.

Lucke, K.T. (1999) Outcomes of nurse caring as perceived by individuals with spinal cord injury during rehabilitation. Rehabilitation Nursing 24(6), 247-254.

Source of Funding
none

2.5.4

Living with a genetic cardiac condition: A phenomenological study

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Abstract:
Genomic-based healthcare is an ever growing topic within the nursing profession and nurses at all levels of practice will be expected to be involved in gene-based diagnostic and therapeutic practice. There are up to 400 sudden unexplained cardiac deaths each year in the UK, the majority of which has a genetic basis (NSF for Coronary Heart Disease 2005). Long QT Syndrome (LQTS) is an abnormality of the heart's electrical conduction system that may result in syncope, arrhythmias and sudden death. It is now possible to confirm whether a person has inherited the altered gene responsible for this condition (Marian & Roberts 2003), which means that the individual and their family have to live with the knowledge that they may be at risk of sudden death. The aim of this study is to explore how the experience of living with a diagnosis of hereditary LQTS impacts upon quality of life both for the affected individual and their family.

Methodology:
The study utilises a phenomenological approach using semi-structured interviews to gain insight into participants' lives. Participants were purposively recruited and are individuals with a diagnosis of heredity LQTS or first-degree blood relatives and/or spouse/partner of the individual. Findings from the pilot stage of the study will be presented. Interview data will be analysed using content analysis to identify emergent categories and themes.

Practice Implications:

This study will increase awareness of the potential social, psychological and ethical problems that families may face when diagnosed with a hereditary cardiac condition. Results will provide services and nursing staff with information that will help to shape future provision of genetic healthcare for patients. Focusing on family based concerns may be key to providing guidance to nurses caring for people with genetic conditions and in helping families to cope with genetic knowledge and information (Doukas 2003).

Recommended reading:
Department of Health (2005) National Service Framework for Coronary Heart Disease. Chapter Eight: Arrhythmias and Sudden Cardiac Death. Central Office of Information for Department of Health. London.

Doukas DJ. (2003) Genetics Providers and the Family Covenant: Connecting Individuals with their Families. Genetic Testing. 7 (4): 315-321.

Marian AJ. Roberts R. (2003) To screen or not is not the question - It is when and how to screen. Circulation. 107: 2171-2174.

Source of Funding
University of Birmingham

2.6.1

The provision of critical care outreach services in England: Findings from a national survey

Ann McDonnell, Lecturer, School of Nursing & Midwifery, University of Sheffield, Sheffield, United Kingdom.

Email: a.mcdonnell@sheffield.ac.uk

Co authors: Lisa Esmonde; Richard Morgan; Roy Brown; Kate Bray; Gareth Parry; Sheila Adam; Ray Sinclair; Sheila Harvey

Abstract:
Background:
Following the publication of 'Comprehensive Critical Care' in 2000, Critical Care Outreach Services (CCOS) were introduced into the NHS in England as an important component of the vision for the future of critical care services. These services aimed to avert or ensure timely admission to critical care, to enable discharges from critical care and to share skills with ward and community staff.

Aim of the survey:
To describe the development, introduction, implementation and current models of CCOS within acute NHS hospitals in England.

Methods:
A postal questionnaire was sent to all acute NHS hospitals in England (n = 240) who routinely provide care for Level 1 patients. Evidence based strategies were used to maximise response rates. One written reminder was sent, followed by telephone follow up to non-responders. Results Completed questionnaires were received from 191 (79.6%) hospitals. The number of respondents with a formal Critical Care Outreach Service covering their hospital was 139 (72.8%). A significant proportion (32.8%) of services covered more than one hospital. Services varied widely in terms of availability, the proportion of the wards in the hospital covered, the size and composition of the team, the aims of the service when first established and current activities.

Discussion:
Despite widespread promotion and endorsement of Critical Care Outreach Services, there are still a significant number of acute hospitals in England with no formal service. Critical care outreach is being delivered variably across the country, and the picture is one of customised services, rather than a 'one size fits all' approach. This variation in service delivery will be discussed in the context of policy and future research.

Acknowledgements:
This paper reports on a survey which forms the first phase of a wider study designed to evaluate CCOSs. This is funded by the NHS R&D Service Delivery and Organisation Programme.

Recommended reading:
Department of Health (2000) Comprehensive Critical Care; a review of adult critical care services. Department of Health, London.

Department of Health and NHS Modernisation Agency (2003) The National Outreach Report. Department of Health, London.

Edwards P, Roberts I, Clarke M, et al (2002) Increasing response rates to postal questionnaires: a systematic review. British Medical Journal 324: 1183 – 1185.

Source of Funding
NHS R&D Service Delivery and Organisation Programme.

2.6.2

Trial promotion within the unique environment of the emergency department

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Abstract:
Trial promotion is vital to the success of all research projects. This is especially true when the recruitment of patients is not under the direct control of the researcher but is dependant on busy clinical staff, already working under pressure. This presentation will describe the challenges of involving Emergency Department staff in identifying, consenting, randomising and treating acutely ill patients in a clinical trial, using a form of therapy that may be new to the department. The speaker is responsible for co-ordinating training and recruitment in 6 sites, as part of a larger national trial of 25 sites within the UK.

Topics covered will include:

- Introducing the trial to Departments with minimal research experience
- Finding ways to overcome potential barriers to research
- Maintaining trial awareness
- Ensuring sufficient numbers of staff trained in the research therapies despite rapid staff changes
- Combating site fatigue and encouraging local ownership of the research
- Adapting strategies during the course of the trial

The speaker will discuss these issues within the context of balancing the needs of an on-going trial, with the need to remain sensitive to the recognised pressures of governmental health reforms (Department of Health, 2001), 4 hour bed waits and the problem of stress and staff burn out in Emergency Departments (Walsh et al, 1998).

Recommended reading:
Department of Health (2001) Reforming Emergency Care. London. HMSO

Walsh, M. (1998) Burnout and stress amongst accident and emergency nurses. Emergency Nurse. 62, 23-30

Source of Funding
HTA

2.6.3

Living donor kidney transplantation: A comparison of services in three counties

Dawn Oliver, Transplant Specialist Nurse, Renal & Diabetes Unit, Medical Division, Glan Clwyd NHS Trust, Denbighshire, United Kingdom.

Email: Dawn.Oliver@cd.tr

Co author: Bridie Kent

Abstract:
Background:
Living donor kidney transplantation (LKT) is the treatment of choice for patients with end-stage kidney failure and yet, in 2000, the number of living donor kidney transplants performed annually in the UK was low (4pmp) compared to other countries;

eg. Norway (18 pmp) and Canada (12.8 pmp). Demand for kidney transplantation continues to increase and, with a persistent shortage of cadaveric donors, the Department of Health has set a goal of a living donor transplant rate of 15 pmp by 2006. Aims: To explore how families are approached about living kidney donation; to compare the donation work-up programmes and the care pathways of three transplant centres; to identify variations in practice.

Method:
A three phase qualitative evaluative study of transplant centres in England/Wales, Canada and Norway. Sample sites were purposefully chosen, based of donation rates, access, and language. Key outcomes were: health professionals' attitudes to living donation; assessment and evaluation of information for potential donors; observation of potential donor work-up and follow-up programmes.

Results:
Variations in the process and waiting times for investigations, with focus ranging from donor-driven to resource-driven. Variations in cadaveric waiting list access, ranging from no access until all potential living donors have been considered, to patients being activated onto the cadaveric waiting list first, with living donation a secondary consideration. There were no differences found in the care pathways, the work-up investigations of both donors and recipients and the pre and postoperative care between the three centres.

Discussion:
National and local recommendations for practice are provided based on the research findings, including the need to increase awareness of the availability and success of the LKT programme.

Conclusions: The UK can learn from experiences of centres world-wide in which initiatives have led to increased acceptance of living donation as an alternative to cadaveric donation.

Recommended reading:

Fauchald, P., (2003), Living Donor Kidney Transplants: Evaluation and selection of the donor, Transplant Proceedings, 35:931-932

British Transplant Society, (1998), Towards standards for organ and tissue donation in the United Kingdom. London:British Transplant Society .

Johnson, E.M., Anderson, J.K., Jacobs, C., (1999), Long-term follwo-up of living kidney donors: quality of life after donation, Transplantation, 34,p.327-382

Source of Funding
Floence Nightingale Foundation Travel Scholarship

2.6.4

The effectiveness of critical care outreach services: a systematic review

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Co authors: Lisa Esmonde; Carol Ball; Catherine Waskett; Richard Morgan; Arash Rashidian; Kate Bray; Sheila Adam; Sheila Harvey

Abstract:
Background:
Critical Care Outreach Services (CCOS) were introduced into the NHS in England as an important component of the vision for the future of critical care services. These services aimed to avert or ensure timely admission to critical care, to enable discharges from critical care and to share skills with ward and community staff.

Aim of the review:
To explore the impact of the introduction of critical care outreach activity on patient and service outcomes

Methods:
Fifteen electronic databases were searched from 1996 - 2004. Searches for publications from nine key authors and citations of eight key articles were performed. Handsearches of journals, bibliographies of reports and review articles, and conference abstracts were performed. Relevant experts were contacted. We included studies of adult patients, in English language, that evaluated the effectiveness of any element of critical care outreach activity and included concurrent or historical controls. We assessed the methodological quality of all included studies. We collected data on any measures of patient health outcomes or professional performance.

Results:
Twenty-one studies met the inclusion criteria. Of these, only 15 were in the form of published papers. Only one of the studies was a randomised controlled trial. Most studies (n = 15) were uncontrolled before and after designs. Overall, study quality was poor. A variety of outcomes were assessed. The most frequent were mortality, length of stay and cardiac arrest rates.

Conclusion:
There is insufficient robust research to assess the impact of critical care outreach activity on patient or service outcomes. The implications of this review will be discussed in terms of the development of further research to evaluate CCOSs. Acknowledgements This paper reports on a systematic review which forms part of a wider study designed to evaluate CCOSs. This is funded by the NHS R&D Service Delivery and Organisation Programme.

Recommended reading:

Department of Health (2000) Comprehensive Critical Care; a review of adult critical care services. Department of Health, London.

Department of Health and NHS Modernisation Agency (2003) The National Outreach Report. Department of Health, London.

NHS Centre for Reviews and Dissemination (2001) Undertaking systematic reviews of research on effectiveness. CDR Report Number 4 (2nd edition). University of York, York.

Source of Funding
NHS R&D Service Delivery and Organisation Programme.

2.7.1

Power and politics in post-operative cardiothoracic pain management: A foucauldian analysis of clinical nursing practice

Sue Lee, Director of Studies for Pre-Registration Nursing, School of Nursing and Midwifery, St Martin's College, Lancaster, United Kingdom

Abstract:
At the philosophical heart of this study is the recognition that the implementation and use of the evidence-base regarding pain management in cardiothoracic critical care is problematic because clinical nursing practice within the context of the multi-disciplinary team is not straightforward; the practice of nursing is mediated through layers of professional hierarchy and power relationships which constrain and limit it. Its contribution to the knowledge base is its account of the effects of the multi-disciplinary team on nursing practice, shattering the myth perpetuated within a huge canon of literature (and educational approaches) that effective pain management is actually a goal of multi-disciplinary care in this setting. The underpinning approaches are post-structuralist, deriving from critical social theory; the aim was to apply a Foucauldian discourse analytic framework to clinical nursing practice.

The 24-hour span of clinical practice (using non-participant 'active' techniques) was observed within a large cardiothoracic unit for a total period of 5 weeks; 21 qualified nurses (D-H grades, full- and part-time, purposively sampled) were interviewed using an 'active' interviewing technique. The presentation focuses on the findings of the study which imposes Foucauldian discourse analysis terms of normalisation, hierarchical observation, examination, discipline, docile bodies, surveillance, 'the gaze', and panopticism, as well as the nurses' resistance practices, to describe the techniques of power and authority which are utilised (and resisted) within clinical practice. For instance, normalisation practices are powerful techniques whereby those who have the authority to 'know', then specify and shape the desirable behaviour patterns to achieve the goal. In this case, this meant that the goal of patient throughput (achieving the 'normal' patient journey) was identified as the most important thing to achieve and all nursing tasks and actions operated within an implicit hierarchy as a means of achieving this.

Recommended reading:

Foucault M (1977) Discipline and punish: the birth of the prison. Trans. A.M. Sheridan. Penguin Books, London.

Prado CG (2000) Starting with Foucault: an introduction to genealogy. Westview Press, Boulder, Colorado.

Chambon AS, Irving A & Epstein L (eds.) (1999) Reading Foucault for social work. Columbia University Press, New York.

Source of Funding
Employer

2.7.2

An exploration of the nurse-led mobile coronary care service in Northern Ireland

Mark Gillespie and Brian McFetridge, Department of Nursing, University of Ulster, Newtownabbey, United Kingdom

Co authors: Hugh McKenna, Feilim O'Hadhmaill, Sinead Keeney, Robby Richey & Carol Curran

Abstract:
Background:
Three hundred thousand people in the United Kingdom suffer a heart attack each year, of whom 50% die (Benger et al., 2002). In view of this, the Government have recognised the need for modernisation of coronary heart disease (CHD) services (DH, 2000, 2003). This has been facilitated through the development and implementation of a National Service Framework for CHD. This framework established a 'call-to-needle time' of 60 minutes

or less (thrombolytic therapy). In response to this framework a mobile nurse-led coronary care service was set up at two Northern Ireland hospitals which serves both urban and large rural. This nurse led service is unique in Northern Ireland and hence requires evaluation in terms of effectiveness.

Aims:
The aim of the study was to explore the views of key professionals and patients regarding the service and examine the relevant quantitative data including call to needle times.

Methods:
The quantitative data were collected by the nurses working in the service over a period of one year and these data were analysed descriptively using SPSS. Face to face interviews were carried out with 30 key professionals including lead nurses, consultants, SHOs, GPs and political/user representatives. Interviews were also carried out with 10 patients who had been attended by the service in an emergency situation. All interviews were transcribed and content analysed for themes.

Results:
This study will be completed in November 2005. Results are expected to indicate the efficiency and effectiveness of the service through the use of descriptive statistics reporting on aspects of the services such as call to needle time, appropriateness of calls, diagnosis and outcomes. Results will also illustrate the views of a wide range of staff, user representatives and patients who have been attended by this service.

Recommended reading:
Benger, J.R., Karlsten, R. & Eriksson, B. (2002) Prehospital thrombolysis: Lessons form Sweden and their application to the United Kingdon. Emergency Medical Journal 19, 578-583

Department of Health (2000) National Service Framework for Coronary Heart Disease DH, London

Department of Health (2003) Review of Early Thrombolysis: Faster and better treatment for heart attack patients DH, London

Source of Funding
Sperrin Lakeland Health and Social Services Trust, Western Health and Social Services Board

2.7.3

Abstract withdrawn

2.7.4

ICU follow up support: The needs of ward nurses and junior doctors

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Email: una.stledger@ntlworld.com

Co author: Bronagh Blackwood

Abstract:
Transfer from Intensive Care Units (ICU) is recognised as a traumatic experience, but usually this has been considered from the patients' perspective. Recent government policy acknowledges that nurses and doctors may also have concerns, and advocates follow-up support for ward staff managing patients after discharge from ICU, by an outreach team (DOH, 2000). In order to appropriately configure such teams, consideration of local service needs is required (NHS Modernisation Agency 2003). Evidence in this area is sparse, focusing mostly on nursing staff, ignoring the needs of junior doctors. The aim of this study was to explore the experience of ward nurses and junior doctors in the management of patients transferred from ICU. A qualitative method was selected. A purposive sample of six staff nurses and five junior doctors from common transfer wards of a large hospital were selected. Semi-structured interviews were taped, transcribed and analysed using a thematic approach. One overarching theme of anxiety emerged, irrespective of profession. Participants described on-going anxiety and apprehension from the moment they were informed about the patient's transfer. They anticipated that the patients would be returning to them in a vulnerable and dependent condition, and that the patients and their relatives may have considerable psychological needs and expectations. They also acknowledged that the clinical condition of the patient could tax their knowledge and skills, negatively influencing their performance. Workload, staffing issues and lack of time compounded these difficulties.

These findings describe the nature and causes of anxiety and identify the follow-up support needs of ward staff regarding the transfer of ICU patients. In particular they emphasise the need for improved transfer communication between ICU and ward staff. Training in the early recognition of patient deterioration, practical skills training and the implementation of a critical care outreach service should also be considered.

Recommended reading:
Department of Health (2000) Comprehensive Critical Care: A Review of Adult Critical Care Services. London: Department of Health.

Modernising Agency (2003) Critical Care Outreach: Progress in Developing Services. London: Modernising Agency. NHS

Source of Funding
None

2.8.1

A research and development network for nurses, midwives and health visitors in Wales: A scoping study

Ros Carnwell, Professor of Nursing Research, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, United Kingdom

Co authors: Joy Merrell, Joyce Kenkre, Jackie Fitzgerald

Abstract:
Nurses, midwives and health visitors represent the largest group of health professions involved in health and social care. Despite this the medical profession secures most research funding (Aiken et al. 2003). This has led to a paucity of funding for research into improvements in patient care and health care delivery by nurses and midwives. Although the individual research capability of nurses, midwives and health visitors has improved, with research education being included in all accredited nursing programmes, nursing research has been hampered by lack of funding, contradictory policy agendas and cultural barriers which include lack of confidence and negative attitudes towards research (Green et al 2005). There is therefore an urgent need to build research capacity in nursing. In Wales, Realising the Potential: Achieving the Potential through Research and Development (WAG 2004) identified a need to increase research capacity in nursing, midwifery and health visiting. To identify the scope for the development of a nursing research and development network in Wales, a scoping exercise was conducted in 2005. 20 focus groups/ individual interviews were conducted, involving 100 participants. Two key themes emerged from the data - cultural issues and infrastructure. Categories included within the cultural issues theme included: involvement of nurses and midwives in research; building research capacity and capability; barriers to research and key priorities for increasing nursing and midwifery research. Categories within the infrastructure theme included: utilisation of clinical expertise in research; mechanisms for monitoring and supporting staff development and involvement in research; research dissemination and resources, networking and collaboration. The findings indicated support from across the sectors for the development of a network. Nurses' and midwives' experiences of research in Wales supported the issues identified in the literature. The findings also outlined the direction of change needed in order to build research capacity in nursing.

Recommended reading:
Aiken L H, Clarke S P, Cheung R et al (2003). Education levels of hospital nurses and surgical patient mortality. Journal of the American Medical Association 290: 1617-1623.

Green B, Segrott J, Coleman M, Cooke A (2005). Building the research capacity of an academic department of nursing. School of Health Science: Swansea.

Welsh Assembly Government (2004) Realising the Potential: A strategic Framework for Nursing Midwifery and Health Visiting in Wales into the 21 Century Briefing paper 6 "Achieving the potential through research and development"

Source of Funding
Welsh Assembly Government

2.8.2

The developing public health role of health visitors: A question of legitimacy

Alison Davidson, Director of Inter-Professional Education, School of Medical Education Development, University of Newcastle, Newcastle Upon Tyne, United Kingdom

Abstract:
Aim:
To describe health visitors' perceptions of their public health role.

Background:
Health visitors are being urged to move from traditional (individual) models of public health practice, to a service aimed at reducing health inequalities. Role change can challenge professional identity and create loss of confidence in role. There is a lack of clarity around the meaning of public health to practitioners (Carr, Procter and Davidson 2003). Understanding individuals' perspectives can inform change management and prevent health visiting fragmentation.

Method:
Grounded Theory (Glaser and Strauss, 1967) design was used to examine the perceptions of health visitors in two trusts. Sampling, data collection and analysis occurred concurrently. Participants were selected on the basis of their ability to contribute to and enrich the emerging theory. Participant observation and informal interviewing were used

to understand participants' perceptions of what constituted public health practice. Observations were undertaken in seven primary care settings. In depth, taped interviews were carried out with 12 participants to elicit their understanding of public health practice and perceptions of the impact of the changing public health agenda on their role.

Results:
Interviews were transcribed and analysed. The following categories were identified: Individual practitioner Context of practice Adequacy for the role Support for the role Legitimacy of the role Discussion: The legitimacy of the public health role was a key issue. It related to participants' views of the role, others' views, preparation, impact on practice and perceived value. The data was further explored within a symbolic interactionist framework (Blumer, 1969).

Conclusion:
Role change for health visitors requires a shared understanding of the meaning and legitimacy of public health and how that translates into health visiting practice. Efforts to achieve this understanding will help in redefining professional identity in health visiting and strengthen collaborative health visiting practice.

Recommended reading:
Blumer, H (1969) Symbolic Interactionism: Perspective and Method. New Jersey: Prentice-Hall

Carr, S., Procter, S and Davidson, A. (2003) Models of public health practice. Community Practitioner, 76 (3), 96-99

Glaser, B, G. and Strauss A, L. (1967) The Discovery of Grounded Theory: Strategies for Qualitative Research. New York: Aldine.

Source of Funding
None

2.8.3

Empowerment in public health nursing in Ireland: Findings of a national study

Catriona Murphy, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin 9, Irelan.

Email: catriona-murphy@dcu.ie

Co authors: P Anne Scott; Anne Matthews

Abstract:
Demographic changes, changing epidemiology, shorter hospital stays and staff shortages have all contributed to a significant increase in the workload of public health nurses in Ireland in recent years (Clarke 2004). Recent policy changes herald the arrival of a new model of community health care delivery in Ireland (Dept of Health and Children 2001). In 2001/2002 a study was carried out which explored nurses' and midwives' understanding and experiences of empowerment (Scott et al 2003). The study had two phases- an exploratory qualitative phase which used focus groups (n=93) and a quantitative phase using a national random survey (n=1340) which tested those findings. This paper presents the findings pertaining to public health nursing and nurses in both phases- focus groups (n=18) and survey (n=212). These findings are related to current policy and professional debates and developments in public health nursing in Ireland.

Recommended reading:
Clarke, J. (2004) Public Health Nursing in Ireland: A Critical Overview. Public Health Nursing, 21 (2) 191-198.

Department of Health and Children (2001). Primary Care A New Direction. Dublin: Stationery Office.

Scott, A., Matthews, A. & Corbally, M. (2003) Nurses' and Midwives' Understanding and experiences of empowerment. Final Report. Dublin: Department of Health and Children.

Source of Funding
Department of Health and Chilren, Ireland, via Health Research Board, Ireland

2.8.4

The extent and nature of school nursing provision in Wales

Joy Merrell, Professor of Nursing, University of Wales Swansea, School of Health Science, Swansea, United Kingdom.

Email: J.A.Merrell@swansea.ac.uk

Co authors: Ros Carnwell; Melanie Jones

Abstract:
Background:
School nurses have an important role in promoting the health of school children (De Bell & Jackson 2000, Welsh Office 1997). Increased demands on the service have arisen from changes in patterns of health, illness and lifestyle problems (Ebbeling et al, 2002).

Aim:
To map school nursing provision across the health and education sectors in Wales in order to identify: the number of school nurses, their age, qualifications, terms of employment, functions and access to continuous professional development and clinical supervision.

Methods:
An interview survey was conducted with a purposive sample of school nursing/health visiting managers from 13 NHS Trusts/LHB, senior personnel officers from 22 Local Education Authorities (LEAs) and 45 head teachers from 63 independent schools. Data were collected by telephone interview or email and analysed using SPSS and descriptive statistics.

Results:
All Trusts and one third of education sector respondents employed school nurses, mainly part-time and term time only. Within 10 years 20% of school nurses will be of retirement age, only 2% being under 30. 37% of school nurses hold a school nursing qualification, all being employed by Trusts. Trust employed school nurses had more access to continuing professional development and clinical supervision than those employed in the education sector.

Discussion:
Disparity in practice within and across the health and education sectors was identified. Employment of school nurses by LEAs needs to be reviewed in view of inequities in access to continuing professional development and clinical supervision. The size and age profile of the workforce poses challenges. The low percentage of school nurses aged under 30 may reflect a lack of career pathway and understanding of school nursing.

Conclusion:
Investment in recruitment and training is required for school nursing to meet increasing health demands. The findings can be compared to school nursing provision nationally and internationally.

Recommended reading:
DeBell D. Jackson P (2000) School Nursing within the Public Health Agenda: a Strategy for Practice. London: Community Practitioners' and Health Visitors' Association, The Queen's Institute and the Royal College of Nursing.

Ebbeling L, Pawlak D B and Ludwig D S (2002) Childhood obesity: public health crisis, common sense cure. The Lancet, 360: 473-482.

Welsh Office (1997) The Health of Children in Wales. Cardiff: Welsh Office.

Source of Funding
Welsh Assembly Government

2.9.1

Learning to a be a 'real nurse'

Karen Ousey, Principal lecturer, Nursing, University of Huddersfield, Huddersfield, United Kingdom

Abstract being presented by Barbara Wood

Email: b.wood@hud.ac.uk

Abstract:
This paper will discuss and explore the findings of a qualiatative piece of research that used the two main principles of ethnography and case study. Unstructured interviews and observation techniques were used to collect the data. The research was undertaken within a school of nursing in the North-West of England and one of its associated NHS Trusts based on a social group of 15 student nurses undertaking adult branch studies; 15 mentors; 8 ward managers; 1 practice development co-ordinator and 1 senior nurse for practice development.

The impetus for the research was the implementation of a newly developed student nurse training and education curriculum using recommendations contatined in the Peach Report (UKCC,1999) and the strategy of Problem Based Learning (PBL)as the main teaching and learning method. The data suggests that the new curriculum and PBL has offered some solutions to help students overcome the boundaries of professionalism, power, inequalities and culture but has by no means provided all the answers.

A fundamental finding of the research was the students nurses' perceptions of the definintion of 'being a real nurse'. The student nurses argue through their interviews that that although it is important to learn about the holistic needs of the patients, the qualified practitioners do not always engage in this type of activity on a daily basis. Rather that their role is that of an assessor, planner, evaluator and manager, with the role of the unregistered staff being to deliver 'hands on' care. This study is important for both academics and practitioners as it identifies the need for the profession to reevaluate the role of the qualified practitioner and ensure that the nurse training and education curriculum meets the ever changing needs of the NHS.

Recommended reading:
United Kingdom Central Council (1999) Fitness for Practice UKCC. London.

Source of Funding
None

2.9.2

The impact of socialisation on student nurses ability to care: A longitudinal qualitative descriptive study

Carolyn Mackintosh, Senior Lecturer, Division of Nursing, University of Bradford, Bradford, United Kingdom.

Email: c.mackintosh@bradford.ac.uk

Abstract:

Background and Aim:
This descriptive study uses a longitudinal qualitative design to investigate the effect of socialisation on pre-registration student nurses, specifically considering their ability to care as a nurse and how they modify this care in order to cope with the clinical situations they encounter.

Method:
A random convenience sample of 16 pre-registration student nurses was taken from a total of 52 volunteers. Student nurses completed two in depth semi-structured interviews, at 6-9 months after commencing training and then 6-9 months prior to completion or their pre-registration nurse training. Interviews were tape recorded, transcribed verbatim and analysed using Morse and Field's (1996) four stages of analysis.

Results and Discussion:
Analysis of results indicates that over this course of time student nurses in this study experienced a loss of idealism about care within nursing, as well as an increasing ability to recognise negative aspects of care. This loss of care was generally linked to an increased ability to cope with their nursing role, whilst retaining the ability to discriminate between higher and lower standards of care provision.

Conclusion:
These findings indicate that an under recognised dichotomy exists between the caring ethos of professional nursing, and the socialisation processes which student nurses are subject to which directly mitigates against the individuals ability to maintain and work within a caring ethos.

Recommended reading:

Morse, J.M. and Field, P.A. (1996) Nursing Research: the application of qualitative approaches. Chapman Hall: London.

Shuval, J.T. and Adler, I. (1980) The role of models in professional socialisation. Sociology, Science and Medicine. 147, pp. 5-14.

Menzies, I. (1961) Functioning of social systems as a defence against anxiety. Tavistock pamplet no'3. 3-29. Tavistock: London.

Source of Funding

none

2.9.3

Moral and spiritual attitudes in student nurses: A two decade replication study

Carol Haigh, Senior Lecturer in Research, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom.

Email: c.a.haigh@salford.ac.uk

Co authors: Martin Johnson; Natalie Yates-Bolton

Abstract:

Purpose:
This paper reports upon the findings of a replication study of student nurses' moral and spiritual values. A wide range of human values could be said to be core to the health and social care professions. Although the complexity and subjective nature of such values renders rigorous study problematic, there is a body of international evidence that suggests that values such as kindness, idealism and empathy decline in student nurses over time (for example, Fealy, 2004).

Method and sample:
As part of an ongoing longitudinal study, we undertook a cross-sectional survey of a large sample of pre-registration diploma and degree student nurses at three English University Departments of Nursing two of which subsumed the original catchment. The sample was designed to ensure a robust analysis. Data collection was via the same validated instrument as had been used 1983 to enable comparison with the original study. Replication studies help to clarify and refine findings from earlier studies but are relatively under-used (Jinks and Bradley, 2004).

Results:
The demographic data of this study provides insight into the changes in the student nurse population over time in England. The values and spiritually focussed data demonstrate both similarities of attitude to certain key concepts that underpin nursing care and also the changes in both moral and spiritual thinking that reflect modern global health care. For example, over the two decades values and attitudes have diverged on key issues such as keeping quiet about minor errors, lying to patients for paternalist reasons and always respecting authority. Implications This study gives valuable insights into the values of student nurses and how they have changed over time, and the degree to which anticipatory socialisation as envisaged by Kramer (1974) has had any impact.

Recommended reading:

Fealy, GM (2004) The good nurse; vision and values in images of the nurse. Journal of Advanced Nursing 44(6) 649-656

Kramer, M (1974) Reality Shock: Why Nurses Leave Nursing. Mosby St. Louis

Jinks, A Bradley, M (2004) Angel, handmaiden, battleaxe or whore? A study which examines changes in newly recruited student nurses' attitudes to gender and nursing stereotypes. Nurse Education Today 24 121-127

Source of Funding

None

2.9.4

Attitudes towards professional doctorates for nurses: Findings from a national survey

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Abstract:

Background:
Anyone even making a superficial examination of the health and social care literature over the past ten years could not fail to notice an increase in the number and different forms of postgraduate education for the health and social care professions. Since the 1990s the aggregate size of Higher Education in the UK has remained stable overall with the exception of part time post graduate education that has grown rapidly, particularly doctoral education where there has been a significant increase in the number and range of provision. The growth in doctoral education is variously explained including the production of a knowledge economy, and the wholesale integration of nurse education into Universities. Of these factors, the latter is arguably the most significant prompting a rise in postgraduate education for nurses especially the professional doctorate. Despite this increase this remains an area that is largely under researched and under theorised, this research an attempt to address this.

Aim:
This paper is part of a larger research project aimed at evaluating the impact of doctoral education on nursing and midwifery practice. This paper reports the findings of a national survey of the attitudes of senior academics towards the professional doctorate and doctoral education more generally.

Method:
Fifty-five senior academics from 41 institutions of higher education in the UK concerned with the doctoral education of nurses were telephone interviewed (taped) the data content analysed for key themes.

Findings:
Educators attitudes fell into one of three categories enthusiastic; ambivalent or sceptical. The divergence in educators' attitudes is held against the perceived strengths and limitations of the professional doctorate compared to the PhD.

Conclusion:
These findings have implications for providers and purchasers of such programmes and those possibly at the cross roads of deciding whether to pursue a professional doctorate or a PhD.

Recommended reading:

Ellis L.B. (2005) Professional doctorates Mapping provision and perceptions. Journal of Advanced Nursing 50 (4) pp. 440-448

Ellis L.B., Lee N. (2005) The changing landscape of doctoral education: Introducing the professional doctorate for nurses. Nurse Education Today

Watson R., Thompson D. (2004) The Trojan horse of nurse education. Editorial. Nurse Education Today. 24, pp.73-75

Source of Funding

RCN Trevor Clay Fellowship, General Nursing Council Trust

2.10.1

A national evaluation of extended and supplementary nurse prescribing

Molly Courtenay, Reader Medicines Management and Nurse Prescribing, School of Health and Social Care, University of Reading, Reading, United Kingdom.

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Co author: Nicola Carey

Abstract:

Background:

Levels of prescribing by health visitors and district nurses are low (While& Biggs 2004). A consistent finding found to influence prescribing rates is the restricted formulary (Latter & Courtenay 2004). Although there is evidence that the majority of extended independent nurse prescribers prescribe medicines (Latter et al 2005), no attention has focused on the prescribing patterns of extended/ supplementary prescribers or the factors that inhibit or facilitate these modes of prescribing.

Aim:

To determine the prescribing patterns of extended/ supplementary nurse prescribers and the factors which facilitate or inhibit these modes of prescribing.

Methods:

A convenience sample of 1187 extended/supplementary nurse prescribers registered on a data base of a medicines reference guide for nurses in England self completed a written questionnaire. 890 (75%) questionnaires were returned.. Results 760 (88%) nurses had more than 10 years nursing experience. 646 (75%) had an academic qualification at degree level or above. 710 (82%) nurses worked in primary care. 776 (90%) reported that they felt confident in their prescribing practice. 756 (87%) respondents used extended prescribing and 304 (35%) supplementary prescribing. Supplementary prescribing was frequently used to treat asthma, diabetes and hypertension. Factors inhibiting prescribing included lack of CPD. Nurses in primary care reported significantly greater CPD needs. Nurses in general practice reported significantly more reasons preventing prescribing.

Discussion:

Extended/supplementary nurse prescribers confidently prescribe medicines. These nurses are highly experienced, highly qualified, and use extended prescribing. Supplementary prescribing, although used to treat a range of chronic conditions, is used to a much lesser extent. A lack of CPD negatively influences prescribing rates.

Conclusions

Empirical support that nurses prescribe medicines using extended and supplementary prescribing is provided. If prescribing is to truly optimise the role of the nurse, it is important that nurses' educational needs are addressed.

Recommended reading:

Latter, S., Maben, J, Myall, M., Courtenay, M., Young, A., Dunn, N. (2005). An evaluation of extended formulary independent nurse prescribing. Final Report. Policy Research Programme, DoH. University of Southampton

Latter, S. & Courtenay, M. (2004). Effectiveness of nurse prescribing: a review of the literature. Journal of Clinical Nursing 13, 26-32.

While, A & Biggs, K (2004). Benefits and challenges of nurse prescribing. Journal of Advanced Nursing, 45 (6), 559-567

Source of Funding

Pharmacuetical Research Grant

2.10.2

The supply and prescription of medicines by nurses: Empowering or restricting practice

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Abstract:

This paper considers the interim outcomes of a PhD project studying the relationship between nurses, nurse prescribing and the other professions involved in prescribing, but particularly doctors, in the acute hospital environment. Prescribing is a relatively unique activity for health professionals in that who can carry out the task is legally dictated. Nurses within the acute hospital environment have only recently been added to the list. A theoretical framework has been developed which is based on the work of Abbott (1988) and Witz (1992) both of whom look at theories of professions. Abbott (1988) considers the jurisdiction a profession has whilst Witz outlines a social closure model that includes attempts at usurpation by the non-dominant profession, often predominantly female, and exclusion by the dominant profession, often predominantly male. The project is a qualitative descriptive study taking a case study approach. Two case sites are utilised, both of which are large acute NHS Trusts. The data collection methods include semi-structured interviews with specialist nurses, ward managers, medical consultants, pharmacists, regional non-medical prescribing leads and university prescribing course leaders, observation of specialist nurses, documentary evidence and field notes.

The results from one case site show a surprising lack of knowledge about nurse prescribing from non-prescribing nurses even though they may have nurses prescribing in their clinical areas. They also show that, in spite of the fact that it was recognised that most nurses prescribed other than filling in the paper work when dealing with junior doctors, very few people interviewed were happy that all nurse prescribers should have open access to the British National Formulary. There is some suggestion that knowing the competence of the nurse prescribing was far more important than relying on the nurses' professional accountability to prescribe only those drugs that they felt safe to prescribe.

Recommended reading:

Abbott A. (1988) The System of Professions: An essay on the Division of Expert Labour. The University of Chicago Press, Chicago.

Department of Health (2002) Extended Independent Nurse Prescribing: A guide for implementation, DOH, London.

Witz A. (1992) Professions and Patriarchy. Routledge, London.

Source of Funding

None

2.10.3

A national evaluation of extended and supplementary nurse prescribing in dermatology

Molly Courtenay, Reader Medicines Management and Nurse Presacribing, School of Health and Social Care, University of Reading, Reading, United Kingdom.
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Co author: Nicola Carey

Abstract:

Background:

Waiting times for an outpatient dermatology consultation can be anything up to 6 months in the UK (Gradwell et al 2002). Nurse-led dermatology services are one means of improving service provision. Nurse prescribing should optimise the role of the nurse in these situations (NHS Modernisation Agency 2003). Although nurses play lead roles in the delivery of care in dermatology (Courtenay and Carey 2005), the activity and impact of extended and supplementary prescribing has not been evaluated.

Aim:

To provide a national evaluation of extended and supplementary nurse prescribing in dermatology

Methods:

A convenience sample of 1187 extended/supplementary nurse prescribers registered on a data base of a medicines reference guide for nurses in England self completed a written questionnaire. 890 (75%) questionnaires were returned.

Results:

606 (70%) nurses prescribed for dermatology patients. The majority worked in primary care, had more than 10 years nursing experience and prescribed for a broad range of dermatology conditions. 574 (95%) used extended prescribing and 222 (38%) supplementary prescribing. Nurses with higher academic qualifications and/ or specialist training in dermatology, prescribed for significantly more patients and conditions. Significantly more Continuing Professional Development needs were reported by nurses working in primary care. Nurses in general practice prescribed most frequently but reported significantly more reasons preventing prescribing.

Discussion:

Dermatology is an area in which the majority of extended/supplementary nurse prescribers prescribe medicines. These nurses are highly experienced, and mainly use extended prescribing. Several reasons prevent prescribing but more qualified nurses with specialist knowledge prescribe more frequently and for a broader range of conditions. Conclusions Empirical support that nurses prescribe medicines in dermatology is provided. If prescribing is to optimise the role of the nurse in dermatology, it is important that nurses' educational needs are addressed.

Recommended reading:

Courtenay M & Carey N (2005). Nurse-led care in dermatology: A review of the literature. British Journal of Dermatology (in press).

Gradwell C, Thomas KS, English JSC, Williams HC (2002). A randomised controlled trial of nurse follow-up clinics: do they help patients and do they free up consultants' time. British Journal of Dermatology. 147: 513-517

NHS Modernisation Agency (2003). Action on Dermatology Good Practice Guide. NHS Modernisation Agency.

Source of Funding

Pharmaceutical Research Grant

2.10.4

Current developments in non-medical prescribing: What are the implications for primary care?

Dorothy McCaughan, Research Fellow, Health Sciences, University of York, York, United Kingdom.

Email: dmm5@york.ac.uk

Co author: Michele Cossey

Abstract:

In order to ease the burden on doctors, and to give patients faster access to medicines, the UK government has extended prescribing authority to nurses, pharmacists and some allied health professions (AHPs) (physiotherapists, podiatrists/chiropodists, radiographers). District nurses and health visitors were the first UK nurses to prescribe. Since May 2001, two new categories of non-medical prescribers have been introduced: independent, extended formulary nurse prescribers, responsible for the initial assessment of the patient and drawing up a treatment plan, including prescribing of medicines where appropriate supplementary prescribers (nurses, pharmacists and AHPs) authorised to prescribe for patients whose condition has been assessed or diagnosed by a doctor, within an agreed clinical management plan.

Nationally, circa 4,100 nurses have qualified as independent, extended formulary/supplementary prescribers, and a further 2000 are in training. Pharmacist supplementary prescribers number 345, with a further 250 in training. AHP supplementary prescribers commenced training in September 2005. Consultations have recently taken place at national level to determine the further expansion of prescribing powers to nurses and pharmacists (DOH 2005a; 2005b). Developments in prescribing practice have been so frequent in the last 5 years that it is hardly surprising that many practitioners are confused about what exactly is on offer. Moreover, no coherent picture has emerged of how new prescribing roles are being integrated into clinical practice; for example, it is not clear how the different professions (nurses, doctors, pharmacists and AHPs) will negotiate the boundaries of their prescribing activities in the delivery of primary care services.

This paper will:

- provide an update of prescribing policy initiatives
- summarize evidence from the UK and elsewhere relating to non-medical prescribing
- describe the prescribing behaviour of different professional groups (based on Prescription Analysis and Cost (PACT) data)
- explore the implications of non-medical prescribing for teams working in primary care.

Recommended reading:

Department of Health (2005a) Consultation (Reference MLX 320) Options for the future of independent prescribing by extended formulary nurse prescribers. http://www.dh.gov.uk/Consultations/closed (accessed 12/09/2005)

Department of Health (2005b) Consultation (Reference MLX 321) Proposals to introduce independent prescribing by pharmacists. http://www.dh.gov.uk/Consultations/closed consultations (accessed 12/09/2005)

Source of Funding

Department of Health

2.11.1

Undertaking research with women prisoners on sensitive subjects

Vari Drennan, Acting Director of the Primary Care Nursing Research Unit, Dept. of Primary Care & Pop. Sciences, Royal Free and UCL Medical School, University College London, London, United Kingdom.

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Co authors: Lena Pettersson; Mandy Wells, Claire Goodman, Christine Norton; Sharon See Tai

Abstract:

Recent Department of Health (England) continence services guidelines suggested that prisoners were a group that had significant continence problems but had difficulties accessing specialist services (DH2000). However, there is no evidence base to demonstrate whether the prevalence of continence problems in women prisoners reflects or exceeds that of the general population. There are currently 4501 women prisoners (National Offender Management Services 2005) in 18 prisons in England and Wales. The majority are serving sentences of less than 6 months. A significant proportion have health problems particularly mental health and substance misuse problems (Watson et al, 2004). There is no literature on the prevalence or management of bladder and bowel problems in women prisoners. This presentation reports on a feasibility study of using a prisoner self-report questionnaire to identify the prevalence of bladder and bowel problems in one women's prison. These problems are hidden in the population in general and have the potential for great stigma in a closed prison community. The feasibility study took place in one prison.

The self report questionnaire was offered to 245 women and returned anonymously by 148. The presentation will explore the ethical challenges of gaining informed prisoner consent in a prison. It will report on the acceptability, validity and reliability issues related to a self report questionnaire on a potentially stigmatising condition in a closed environment using exemplars from the results findings. The relevance of these issues for the prison health services will be explored.

Recommended reading:

Department of Health England. 2000. Good Practice Guidelines for Continence Service. Department of Health.

National Offender Management Services (2005) Population in Custody quarterly brief, January to march 2005 England and Wales, Home Office. Access via the Internet on 19th July 2005. http://www.homeoffice.gov.uk/rds/pdfs05/prisq105.pdf

Watson, R., Stimpson, A., Hostick, T. (2004) Prison health care: a review of the literature, International Journal of Nursing Studies, 41 (2004), 119-128.

Source of Funding

North Central London Primary Care Research Consortium

2.11.2

Primary care nursing in prisons: An overview of policy and research

Louise Condon, Senior Research Nurse, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom.

Email: Louise.Condon@uwe.ac.uk

Co authors: Gill Hek; Francesca Harris

Abstract:

The Government's plan for modernising the British national health service (Department of Health, 2000) has primary care at its heart, and this includes the prison health service. At any one time there are around 84,000 prisoners in 158 prisons in the United Kingdom with England and Wales having one of the highest rates of imprisonment in Europe (Prison Reform Trust, 2005). The Department of Health funded a national research project about primary care nursing in prisons; the first stage was a systematic overview of the research and policy literature. The aim of the literature review was to answer two broad questions: What is the evidence base for primary care nursing of prisoners? What is the potential contribution of nursing to primary care in prisons? 17 databases were searched and the search strategy revealed 6047 potential items. Following a more narrow and focused selection, 575 relevant items were identified, together with more research and policy literature that was opportunistically acquired. All articles were appraised for quality using standard critical appraisal techniques and non-research was appraised using a previously validated tool (Hek et al, 2000).The literature in this area was found to be poorly organised with mixed terminology used in a wide range of databases. This resulted in low precision with high recall at the first stage with the need to focus and refine the review at another stage to achieve high precision as well.

This presentation will focus on some of the methodological issues associated with literature reviews in under explored areas of nursing care, and will also present some of the findings of the review. In particular, the specific needs of different groups of prisoners such as young prisoners, women, older people in prison and prisoners with disabilities will be considered alongside the role of nurses working in prison.

Recommended reading:

Department of Health (2000) The NHS Plan London: Department of Health

Prison Reform Trust (2005) Prison Factfile: Bromley Briefings London: Prison Reform Trust

Hek, G., Langton, H. Blunden, G. (2000) Systematically searching and reviewing literature Nurse Researcher 7 (3) 40-57

Source of Funding

Department of Health

2.11.3

Access, security and recruitment: The ethical and governance challenges of undertaking interviews with prisoners

Gill Hek, Reader in Nursing Research, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom.

Email: Gill.Hek@uwe.ac.uk

Co authors: Louise Condon; Francesca Harris

Abstract:
Obtaining informed consent in the conduct of health research is both a legal and ethical requirement. Conducting research in prisons requires consideration of additional issues such as gaining access, recruitment of participants such as prisoners, confidentiality and disclosure, and anonymity for participants. Using a Department of Health funded project about primary care nursing in prisons as a case study, this paper discusses these issues and provides some practical suggestions about approaching, recruiting and conducting face-to-face interviews with prisoners. The research included 12 prisons in England, with a sample of prisoners from each prison. The twelve prisons came under the responsibility of eight different primary care trusts and involved applications for research governance purposes to nine different Research and Development Departments, in addition to an application to a Multi-centre Research Ethics Committee. Interesting issues arose about how to describe the recruitment process to an ethics committee, whilst at the same time enabling an individual approach for each prison because of their own specific security and logistical requirements of the prison regime. Novel approaches such as recruitment of prisoners using posters on prison wings, and 'cell drops' of information leaflets and recruitment slips were used with a range of success. Concerns about the nature of being a research volunteer in a secure setting were also raised, particularly in relation to informed consent.

The presentation will include an opportunity to discuss both ethical and governance issues, and pragmatic solutions that have been tested in a large scale study. The presenters will encourage interaction to support nurse researchers facing the issues of researching in such challenging areas such as secure environments.

Recommended reading:
Department of Health (2005) The Research Governance Framework for Health and Social Care, Second Edition. London: Department of Health

The Royal College of Nursing Research Society (2003) The Royal College of Nursing Research Society: Nurses and Research Ethics. Nurse Researcher 11 (1) 7-20

Source of Funding
Department of Health Research Policy Programme

2.11.4

Researching health care in prisons: Methodological conflicts and dilemmas

Liz Walsh, Researcher in Prison Health Care, IHCS, Bournemouth University, Bournemouth, United Kingdom

Email: lwalsh@bournemouth.ac.uk

Co author: Dawn Freshwater

Abstract:
The establishment of a Department of Health supported Prison Health Research Network with the aim of identifying research and development priorities in prison health care, is unprecedented. Its role co-ordinating a programme of research that addresses identified gaps, demonstrates a marked commitment to developing and supporting research in the prison setting at a national level. In the wake of the transfer of commissioning responsibility from the Prison Service to local Primary Care Trusts, this initiative, led by 5 recognised UK universities, is a significant step. However, this paper argues that there are specific methodological conflicts inherent in undertaking research in this environment that need to be addressed to provide an understanding of both the bureaucratic systems in place to gain access to prisons for research purposes, and more importantly, an understanding of the methodological concerns that stem from cultural, political and ethical influences that are intrinsic to research based in this setting. Liebling (2001) in her paper concerning allegiances in prisons research notes the difficulties of political and organisational influences in this field. When conducting real world, qualitative research in the prison health arena, the authors' experiences have highlighted at least two levels of methodological conflict concerning both methods and underpinning philosophies.

The main issues to be discussed in this paper concern

1) the nature of the organisational culture and politics within the prison service and their effect on data collection, analysis and dissemination in terms of methodology

2) the underpinning philosophical perspectives of producing high quality prison health research whilst remaining ethically and morally robust.

Drawing upon the authors' experiences of conducting real world, qualitative research in prison settings this paper aims to stimulate discussion concerning the practical application of research methods in prison health care and highlight strategies for addressing such issues.

Recommended reading:
Liebling A (2001) Whose Side Are We On? Theory, Practice and Allegiances in Prison Research

Source of Funding
None

Wednesday 22 March

10.00 - 11.00
Concurrent session 3

3.1.1

Cheers! Humour in the nurse-patient relationship in hospital settings: A literature review

Helen Iggulden, Lecturer in Nursing, Nursing, University of Salford, Manchester, United Kingdom.

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Abstract:

The aim of this literature review is to explore the role, effects and appropriateness of humour in relation ships between patients and nurses in general hospital settings. Most researchers acknowledge that nursing is both an art and a science, and whilst humour is an art form, it contains variables from different scientific fields. It affects physiological states, mood and attitude, social climate, and interpersonal relationships., and has attracted the attention of centuries of philosophers and psychologists in trying to map its moral and social force. However although there is ample evidence that nurses and patients often use humour in their relationship successfully, there is the potential for serious mismatch in the sense of humour, or in the motivation, that lead to humiliation or embarrassment (Mahony et al 2002).

This literature review evaluates the evidence from empirical research studies in nursing and psychology that explore the physiological, psychological and emotional effect of laughter and humour in clinical settings.. It also takes into account theoretical perspectives that explore the social, moral and aesthetic energy of laughter and humour in the anxiety provoking situations in hospital. The understanding that people have of what kinds of laughter are beneficial and what kinds of laughter are not is a key element in understanding the therapeutic role of humour in clinical settings (Olssen et al 2002). Both humour and laughter can mock, deride, humiliate and ridicule, with sobering effect on the professional integrity of nurses or can grace, encourage, humanise, and delight, with demonstrable health benefits for patients. The art of knowing or intuiting what is an appropriate use in nurse-patient interaction is discussed, illustrated by examples of specific clinical situations in which both patients and nurses have used humour.

Empirical approaches to the physiological measurement of health on the whole, particularly on the beneficial effects of immune function .(Fry 1994, Berk R.A. 2001, Bennet et al 2003) provide a reasonable evidence base to support the use of humour as an effective intervention to promote well being. In the interest of accountability and evidence based practice, nurses need to give some thought to this powerful but imformal aspect of their practice. Humour itself, however, remains resolutely resistant to analysis since, under too close a scrutiny, it simply disappears and takes with it the secret, health giving ingredient.

Recommended reading:

Bennet M.P. Zeller J.M. Rosenberg L. Mc Cann J. (2003) The effect of mirthful laughter on stress and and natural killer cell activity Alternative Therapies in Health and Medicine 9 (2) 38-43

Berk R.A. (2001) The active ingredients in humour: psychophysiological benefits and risks in older adults Educational Gerontology 27 (3-4) 323-339

Mahony D. L. Burroughs W.J. Lippman L.G. (2002) Perceived attributes of health promoting laughter: A cross generational comparison Journal of Psychology: Interdisciplinary and Applied. 136 (2) 171-181

Olssen H. Backe. H. Sorenson S. Kock M. (2002) The essence of humour and ist effects and functions: A qualitative study Journal of Nursing Management 10(1) 21 -26

Fry W.F. (1994) The biology of humour International Journal of Humour Research 7 (2) 111-126

Source of Funding

None

3.1.2

Exploring use of humour in the context of nursing interactions between clinical nurse specialists and patients

May McCreaddie, Senior Lecturer (Research), School of Nursing, University of Paisley, Paisley, United Kingdom

Abstract:

Background:

Humour is a fairly complex phenomenon, incorporating various components including cognitive, emotional, behavioural, physiological and social. In addition, how people perceive or conceptualise humour varies (Martin, 2004). Within nursing, any humour-related research undertaken thus far has been small scale, qualitative, non-UK and also appears to ignore humour theories and mechanisms (Astedt-Kurki and Arja 2001).

Aim:

This grounded theory study sought to explore and describe the use of humour within the context of nursing interactions utilising what is already known about humour theories and mechanisms. It will provide contextual information for a subsequent Randomised Control Trial [RCT] utilising a 'humour-awareness' intervention.

Method:

A grounded theory approach to sampling, data collection and analysis (McCann and Clark 2003) was undertaken. A theoretical sample of Clinical Nurse Specialists [CNSs] working with a variety of patients across one trust was recruited until saturation, with the constant comparative method of data collection and analysis utilised. Ethical approval was obtained from the Local Research Ethics Committee [LREC]. The CNSs were informed the focus of the study was CNS – patient interaction and a particular aspect of communication. CNSs were asked to identify two patients, seek consent and audio-tape their planned interaction [20 – 60 minutes]. The CNS was also asked to record an audio-diary of set questions pre and post-interaction. Post-interaction questions were sealed in an envelope and were specific to humour use and non-use within the interaction. The audio-tapes were transcribed and further clarification on the interaction sought from the CNS and/or patient if appropriate.

Thematic Content Analysis was applied to the whole dataset and utilising selective coding a Basic Social Process constructed. Results and discussion The results of the grounded theory pilot study will be presented and discussed in addition to the subsequent process work necessary prior to formalising the RCT 'humour-awareness' intervention and design.

Recommended reading:

Astedt-Kurki, P., Arja, I. (2001)

Martin R. A (2004)

McCann, T., Clark, T. (2003)

Source of Funding

None

3.2.1

Mental health of children with cerebral palsy in Europe

Jackie Parkes, Senior Lecturer in Children's Nursing, School of Nursing and Midwifery, Queen's University of Belfast, Belfast, United Kingdom.

Email: j.parkes@qub.ac.uk

Co authors: Melanie White-Koning; On behalf of the SPARCLE Collaborative Group

Abstract:

Background:

Children with 'chronic cerebral disorders' are at higher risk of experiencing mental health problems. The prevalence and impact of these problems is largely under researched especially in high-risk populations like those with cerebral palsy. Also there is also some evidence that mental health services are underused (Goodman & Graham 1996). This paper will present the findings on the mental health of children with cerebral palsy, derived from a world-leading study into participation and quality of life of children with cerebral palsy (SPARCLE study).

Aim:

To describe the mental health experienced by 8-12 year old children with cerebral palsy in the European Union. Method: Nine European centres of research into children with cerebral palsy took part in SPARCLE (including the United Kingdom, France, Eire, Italy, Sweden, Germany and Denmark). One hundred and twenty families were identified through population-based registers of children with cerebral palsy in each centre and invited to take part in an interview. This involved the adminstration of Goodman's 25 item Strengths and Difficulties Questionnaire (SDQ) which evaluates the distress experienced by the child related to mental health problems (Goodman 2001).

Results:

This study is ongoing but data collection is complete and analysis is about to commence (completed by December 2005). This unique presentation will report on the mental health of more than 800 children with cerebral palsy. The mental health scores as measured by the SDQ will be presented for each country and for the whole sample. The results of multivariate analysis of the child and family charactersitics associated with poor mental health will also be presented.

Discussion and Conclusions:

This presentation will discuss the implications of the findings for families and services (including nursing) in the management of children with cerebral palsy and their families. Recommendations about strategies to improve mental health and prevent difficulties among children with cerebral palsy will also be made.

Recommended reading:

Goodman R. Psychometric properties of the strengths and difficulties questionnaire. Journal

of the American Academy of Child and Adolescent Psychiatry. 2001, 40 (11): 1337-1345.

Goodman R, Graham P. Psychiatric problems in children with hemiplegia: cross sectional epidemiological survey. BMJ 1996; 312: 1065-1069 (April).

Source of Funding
European Union's Framework V.

3.2.2

Participation and quality of life among children with cerebral palsy in Northern Ireland

Susanna Madden, Lecturer, Learning Disability, School of Nursing and Midwifery, Queen's University of Belfast, Belfast, United Kingdom.

Email: a.madden@qub.ac.uk

Co authors: Jackie Parkes; On behalf of the SPARCLE Collaborative Group

Abstract:

Background:
The extent to which children with cerebral palsy are able to participate in everyday life activities and enjoy the same quality of life as other children is gaining increasing attention (Hammal et al 2004; Mihaylov et al 2004). The social model of disability suggests that the environment in which the person with disability lives influences their participation (World Health Organization 2001) and possibly, their quality of life. This paper will present the findings of participation and quality of life of children with cerebral palsy in Northern Ireland. These results are derived from a larger, world-leading study into participation and quality of life of children with cerebral palsy in the European Union (SPARCLE study).

Aim:
To describe the participation and quality of life of 8-12 year old children with cerebral palsy in Northern Ireland.

Method:
Two hundred families with a child with cerebral palsy were identified through a population-based register and invited to take part in an interview. One hundred and two families agreed (51%). The interview involved administering a measure of participation (Life-H Questionnaire) and quality of life (Kidscreen; Child Health Questionniare) to parent/s and a quality of life measure to children where possible. Where unable to self report, additional proxy data for children was completed by carers and this will be presented.

Results:
This study is ongoing but data collection is complete and analysis about to commence (complete by March 2006). The level of participation and quality of life among children with cerebral palsy in Northern Ireland will be described as will the extent to which these outcomes vary by severity of the child's motor disability and the presence and extent of learning disability.

Discussion and conclusions:
This presentation will discuss the implications for those children with learning disability in particular and will aim to make recommendations about the role of the nurse in enhancing participation and quality of life for children with cerebral palsy.

Recommended reading:

Hammal D, Jarvis S, Colver A. Participation of children with cerebral palsy is influenced by where they live. Developmental Medicine and Child Neurology 2004, 46: 292-298.

Mihaylov S, Jarvis S, Colver A. and Beresford B. Identification and description of environmental factors that influence participation of children with cerebral palsy. Developmental Medicine and Child Neurology 2004, 299-304.

World Health Organization (2001) International Classification of Functioning, Disability and Health. Geneva: World Health Organization

Source of Funding
European Union's Framework V

3.3.1

Self-care in patients with heart failure – validation of the European heart failure self-care behaviour scale

Caroline Shuldham, Director of Nursing & Quality, Nursing & Quailty, Royal Brompton & Harefield NHS Trust, London, United Kingdom.

Email: c.shuldham@rbht.nhs.uk

Co authors: Chris Theaker, Jodie Kellock, Hayley Pryse-Hawkins, Martin Cowie

Abstract:

Background:
The European Heart Failure Self-care Behaviour Scale (EHFScBS) (Jaarsma et al 2003) quantifies the measures patients take to manage their heart failure. Produced in the Netherlands it has been translated into English, but not yet tested in a UK population.

Aim:
To establish the internal consistency, reliability and validity of the European Heart Failure Self-care Behaviours Scale in an English speaking United Kingdom population.

Methods:
Patients with heart failure completed the Minnesota Living with Heart Failure Questionnaire, the Self-Care of Heart Failure Index (Riegel et al 2004) and the European Heart Failure Self-care Behaviour Scale during their outpatient clinic visit. Another European Heart Failure Self-care Behaviour Scale was completed at home after 2 weeks. Results 183 patients were recruited (78% men). Mean age was 65 years (SD=12.34). Most had mild to moderate heart failure (NYHA Class II 44%, Class III 34%). Internal consistency of the EHFScBS was moderate, with a Cronbach's alpha of 0.69. Wilcoxon signed rank test measured reliability, with no statistical differences between the scores in clinic or home. There was agreement between self-care behaviour scores from the Self-Care of Heart Failure Index and the EHFScB Scale on visual inspection of a Bland-Altman plot. The degree of self care, as measured by the EHFScBS did not differ by gender (P=0.62), age (P=0.85 for group split by median age), or heart failure severity (P=0.18).

Discussion / Conclusion:
The EHFScBS showed a lower level of internal consistency in this UK population, than in previous studies in other populations (Del Sindaco et al 2004). It is reasonably repeatable in the short term and agrees with scores from the behaviour component of the Self-Care of Heart Failure Index. Further studies are necessary to identify the factors related to self-care behaviour, and how this can be modified.

Recommended reading:

1. Del Sindaco D, Pulignano G, Jaarsma T, Stromberg A, Martensson A, Leggio KDM, Leggio F.. Translation and validation of the Italian version of the European Heart Failure Self-care Behaviour Scale. European Heart Journal 25: 318-319 Suppl. S Aug-Sep 2004

2. Jaarsma T, Stromberg A, Martensson J, Dracup K. Development and testing of the European Heart Failure Self-Care Behaviour Scale. European Journal of Heart Failure 2003 Jun;5(3):363-70.

3. Riegel B, Carlson B, Moser DK, Sebern M, Hicks FD, Roland V. Psychometric testing of the Self-Care of Heart Failure Index. Journal of Cardiac Failure. 2004 Aug;10(4):350-60.

Source of Funding
Clinical Research Committee, Royal Brompton & Harefield NHS Trust

3.3.2

Validation of the Minnesota living with heart failure questionnaire in a group of older persons with chronic heart failure

Kristofer Franzén, Lecturer, Dept. of Health and Behavioural Sciences, Kalmar University, Kalmar, Sweden.

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Co authors: Kerstin Blomqvist; Britt-Inger Saveman

Abstract:

Background:
Disease specific instruments measuring health related quality of life (HRQoL) are important tools in planning nursing care for persons with chronic heart failure (CHF). However, few disease specific instruments have been developed or tested specifically for elderly persons with CHF.

Aim:
The aim was to validate a Swedish version of the Minnesota Living with Heart Failure Questionnaire (LHFQ) in persons above the age of 65.

Method:
The sample were recruited from a computerized diagnose register for hospital care and consisted of 357 persons (mean age 79.3; SD=6.7) diagnosed with CHF. Data was collected by a postal questionnaire including demographic data, LHFQ and the Short-Form-12 Health Survey Questionnaire. Validation procedures as factor analysis, multitrait-multimethod correlations, convergent and discriminant validity, and known group validation were used. Internal consistency was tested using Cronbach's alpha.

Results:
The factor analysis uncovered four measurable subscales (physical, emotional, pleasure and treatment) with acceptable to good reliability (0.71-0.93). Convergent validity for the total scale and the four subscales were established, while discriminant validity was not established between the physical and the emotional dimension. All scales in LHFQ showed sensitivity to disease severity.

Discussion:
The Swedish version of LHFQ presented satisfying psychometric properties. However, the deficient discriminant validity between the physical and the emotional subscale, showing a strong correlation, is important to further study.

Conclusions:
The strength with this study is the result that all items in LHFQ can be used to calculate four sub-scales instead of the two original ones. The addition of the pleasure dimension and the treatment dimension reflect HRQoL in a broader and more holistic way. The Swedish version of LHFQ

can therefore be recommended in nursing research and clinical nursing practice as well.

Source of Funding
The Kalmar University

3.4.1

Using audiovisual documentation during the consent process with people with dementia

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Abstract:
Researchers are challenged in their understanding of how to obtain informed consent from people with dementia. The ethical criteria of obtaining consent voluntarily and without coercion from people who have been informed about the research project still apply when involving people with dementia in research. When researching with people with dementia, innovative ways of delivering information about the research project and obtaining and documenting informed consent from the potential research participants is needed. There have been studies, which suggest that people receiving audiovisual information have a greater knowledge about a procedure than those who only received verbal input (Rossi et al 2004). This could be a method of sharing information with a person with dementia, and one which they may find helpful in their consenting decision making process. The legal argument that verbal consent is just as valid as written consent is supported by the fact that written consent provides no evidence that the consent is authentic or not obtained by coercion. Cohen-Mansfield (2003) advocates designing the methodology so that verbal consent from people with dementia is witnessed, documented and consequently recognise. Benitez et al (2002:1406) developed "audiovisual documentation of oral consent (ADOC)" when working with a minority ethnic group who were illiterate. Recording the consent process using audiovisual documentation could be appropriate when recruiting people with dementia as research participants.

This presentation aims to describe the innovative procedure of using audiovisual documentation to deliver information about a research project to people with dementia and to record the consent process. The process of justifying such a proposal to an ethics committee for approval will also be considered, thus contributing further to the debate about best practice when involving people living with dementia in research.

Recommended reading:
Benitez, O; Devaux, D and Dausset, J (2002) Audiovisual documentation of oral consent: A new method of informed consent for illiterate populations. Lancet 359 (9315):1406-1407.

Cohen-Mansfield, J (2003) Consent and Refusal in Dementia Research: Conceptual and Practical Considerations. Alzheimer's Disease and Associated Disorders 17 (S1):S17 - S25.

Rossi, M; McClellan, R; Chou, L and Davis, K (2004*) Informed Consent for Ankle Fracture Surgery: Patient Comprehension of Verbal and Videotaped Information. Foot and Ankle International 25 (10):756-62.

Source of Funding
Staff Development Fund Faculty of Health and Social Care, University of the West of England.

3.4.2

Understandings of end of life in dementia - a documentary analysis

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Co author: Kathryn Froggatt

Abstract:
Background:
End of life experiences of people with dementia and their families and carers are beginning to receive greater attention. This reflects the growing recognition that the quality of end of life care for people with conditions other than cancer requires urgent appraisal.

Aim:
This study was undertaken to describe the experiences of family carers of people with dementia as presented in personal written accounts.

Methods:
A review of "Caring" articles (n=100) published in the Alzheimer's Society Newsletter over a ten year period (January 1994 and December 2004) was undertaken. All "Caring" articles were read independently and those accounts that made explicit reference to end of life, death or dying were retained for further analysis. Retained articles were subjected to content analysis (Prior 2003) focused on the characteristics of the person with dementia, the illness trajectory, the narrator and the structure of the narrative accounts.

Results:
45 articles (45%) contained specific reference to end of life or death and dying issues. Accounts demonstrated the complexity of the process that family carers of people with dementia experience. A recurring pattern was the number of transitions linked with slow deterioration. Transitions such as those associated with moving to different place(s) of residence, social death, bodily death and bereavement all exerted particular demands.

Discussion:
The illness journey for people with dementia can take many years from initial symptoms to diagnosis and ultimately death. In order to better support family carers and people with dementia throughout their illness journey the complexity of transitions need to be recognised.

Conclusion:
Health and social care professionals working with people with dementia and their families, even at diagnosis, must be aware of the burden of multiple transitional processes associated with end of life. Further best practice in supporting transition work is urgently required.

Recommended reading:
Forbes S, Bern-Klug M, and Gessert C (2000) End-of-life decision making for nursing home residents with dementia Journal of Nursing Scholarship 32 (3) 251-258

Prior L (2003) Using documents in social research London: Sage Publications

Swanson E A and Tripp-Reimer T (eds) 1999 Life Transitions in the Older Adult New York. Springer

Source of Funding
None

3.5.1

Myth, memory and the Great War nurse: A study of First World War nursing

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Abstract:
During the First World War, nurses - both trained and volunteer - were called upon to work in a range of situations, sometimes in close proximity to the front line trenches. The 'Great War' is infamous for the brutality of its conditions, the apparently cavalier approach which senior officers took to the safety of the troops, and the level of danger into which fighting forces were sent. Mortality rates were notoriously high, and the injuries sustained were often of a particularly severe and disfiguring kind, associated with mutilating trauma, anaerobic bacterial wound infections and the damage inflicted by toxic gases,

The work of the nurses was therefoe of an unusually distressing nature, and this distress was often heightened by personal loss and anxiety. This paper will draw upon a range of texts- printed, documentary and pictorial - which deal with the nurses' responses both to their work and to the war itself. It will ask whether the bleakness and horror of the situations encountered by these nurses, and their responses to this 'dark' experience can cast any light on the nature of nursing more broadly conceived. It will also look, more briefly, at the wider social response to nursing at this time, and will ask the question, 'In relation to wartime nursing, where does reality end and mythology begin?'.

The main focus of the paper is on the discursive writings of nurses themselves, both those written with a specific audience in mind, and those which were probably purely for personal consumption. Literary writings and diaries provide the main focus, but letters and other documentary sources are also considered.

Recommended reading:
Higgonet, M (1999) 'Lines of Fire'. Plume, London

Summers, A.(1988) 'Angels and Citizens' Routledge, London

Source of Funding
None.

3.5.2

The 'good nurse' legacy: Understanding the present through exploring the past

Janet Hargreaves, Director of Practice, School of Healthcare, University of Leeds, Leeds, United Kingdom

Abstract:
Faced with the charge that nurses are not competent at qualification or 'too posh to wash' educationalists are subject to various policies aimed at modernising nurse education and restoring a former golden age. Attempting to understand this, Doctoral research led to exploration of the ways in which discourses around the creation of hospital based adult nursing, as an occupational group in the 19th century, developed in Britain, focusing on

the period 1945 -55. Having chosen an historical approach three overlapping sources of data, a full life history, shorter interviews and documentary analysis of two nursing journals were used. This paper evaluates an historical approach and argues for the value of this methodology in understanding and thus influencing current policy and practice Streuburt and Carpenter (1999) suggest that historical research is valuable when something from the past will help in understanding the present or the future and where there is conflict about the way the past is represented.

These factors resonate strongly with the ways in which current practice is criticised.

An historical approach is further supported by the presence in nursing of two very rich sources of information:

- As both women and nurses feature little in main stream history, the living memory of retired nurses offers hidden insights. Plummer (2001) argues that life histories are useful to counter the imposition of order and rationality which research often strives to impose on data and gives access to such marginalised people.
- A huge volume of archival material is accessible through the RCN history archive: the Times and Mirror were available in full for the study period, meeting Scott's (1990) requirements for authenticity, credibility, representativeness and meaning.

By showing us how nursing was crafted by our predecessors historical research offers a challenging and unique mirror to the present.

Recommended reading:

Plummer, K (2001) Documents of Life, 2 Sage, London

Scott, J (1990) A Matter of Record, Polity Press, Cambridge

Streubert, H J and Carpenter, D R (1999) Qualitative Research in Nursing Lippincott, Philadelphia

Source of Funding
none

3.6.1

Using a synthesised technique for grounded theory in nursing research

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Abstract:

Nursing increasingly uses grounded theory for a broadened perspective on nursing practice and research. Grounded theory is the most rigorous method of providing preliminary or exploratory research in an area in which little is known. The basic position is that generating grounded theory is a way of arriving at theory suited for its supposed uses. Nurse researchers intent on utilising a grounded theory methodology should pay attention to the theoretical discussion, including these addressed in this paper: the use of literature, theoretical sampling, theoretical sensitivity, constant comparative methods and asking questions, keeping memoranda and diagramming, data collection, data analysis and theoretical saturation.

The dispute between Glaser's classic grounded theory and Strauss and Corbin's later approach is detailed. This paper discusses that the approach of forcing the same 'paradigm model' in every grounded theory research project is limiting and not true to the idea of 'emergence from the data' as Glaser (1992) has argued. Instead, a synthesised approach was developed for use, based on Strauss and Corbin's style of sampling, and memoranda writing, but selecting theoretical coding families from the wide range suggested by Glaser. This led to the development of a multi-step synthesis technique to grounded theory data analysis based on the works of Glaser, Charmaz, and Strauss and Corbin. This paper suggests when selecting grounded theory as a method the researcher is not limited to using either of the different approaches. Furthermore, it is posited that as the method does not belong to anyone, the researcher may choose an approach pertinent to the aims of the particular study. This method indicates what grounded theory has spawned and where it might go next in nursing research.

Recommended reading:

Glaser, B.G. & Strauss, A. (1967) The discovery of grounded theory: strategies for qualitative research. Chicago: Aldine Publishing.

Strauss, A. & Corbin, J. (1998) Basics of qualitative research: techniques and procedures for developing grounded theory. London: SAGE Publications.

Charmaz, K. (1990) 'Discovering' chronic illness: using grounded theory. Social Science Medicine 30(11), 1161-1172.

Source of Funding
none

3.6.2

Abstract withdrawn

3.7.1

A three month trajectory of post-operative outcomes following robotic-assisted cardiac surgery: A descriptive study

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Co authors: Mari Botti; Rosemary Watts; Melynda Turner

Abstract:

Background:

Minimally invasive robotic-assisted cardiac surgery (RACS) is relatively new world wide; the first robotic-assisted cardiac procedure was performed in 1998. RACS was developed to minimise surgical trauma associated with traditional full sternotomy incision. It has many potential benefits including faster patient recovery and less postoperative pain, however, there are no empirical data about patients' physiological, functional, psychosocial and cognitive outcomes. This paper reports outcomes for the first cohort of patients to undergo RACS in Australia in 2004 and 2005.

Aims:

The aim was to map the trajectory of recovery during four key transitions: hyperacute, acute, intermediate and long term. The specific aims were to map the trajectory of pain intensity and quality, identify time to mobilisation, determine the incidence and trajectory of complications, and describe functional status and quality of life.

Methods:

A prospective, descriptive, survey design was used to track patient recovery during each key transition using the RACS Patient Recovery Survey incorporating McGill Pain Questionnaire, the Mini Mental State Examination and the Short Form 36.

Results:

Data collection and analyses are still in progress. Prospective data have been collected from over 70 consecutive patients and is continuing. Mean duration of surgery was 432 (SD 78) minutes, decreasing with experience. Length of stay was 7.3 (SD 2.9) days compared to 8.6 days for conventional surgery patients. Mean time to mobilisation was 23.3 (SD 10.7) hours. There was high variability in the type and amount of analgesic administered. Overall, patients received 58.6% of available multimodal analgesic.

Discussion:

Preliminary findings suggest that patients are experiencing a faster recovery. Key differences in patient recovery after RACS compared to conventional surgery will be identified to optimise preoperative and postoperative care through the development of practice guidelines and patient information.

Conclusions:

The findings will inform healthcare organisations and professionals of the postoperative requirements of this new patient group.

Recommended reading:

Reger, T. and Janhke, M. (2003) Robotic cardiac surgery. Association of Operating Room Nurses Journal, 77, 186

Walther, T., Falk, V., Metz, S., Diegeler, A., Battellini, R., Austchbach, R., Mohr, F. (1999) Pain and quality of life after minimally invasive versus conventional cardiac surgery. Annals of Thoracic Surgery, 67, p. 1643-1647.

Jones, B., Krueger, S., Howell, D., Meinecke, B., Dunn, S. (2005). Robotic mitral valve repair. Texas Heart Journal, 32, 143-146.

Source of Funding
none

3.7.2

The internet as a source of motivation to breastfeed

Janine Stockdale, Research Fellow, Faculty of Life and Health Sciences, University of Ulster, Belfast, United Kingdom

Co authors: Marlene Sinclair; George Kernohan

Abstract:

Background and Aim:

With 7 million sites aimed at women who seek breastfeeding instruction, the Internet is an important educational resource. However, the potential of the Internet to affect women's motivation to breastfeed has not been explored. This paper reports an exploratory observation study that applied Keller's ARCS Model of Motivational Instructional Design, in particular the model's "confidence" component (Keller 1986a,b,c) as a means of assessing the motivational content of a sample of 30 breastfeeding web sites.

Method:

Following Research Ethics clearance, site access was generated through search engine and directory facilities in an effort to replicate women's information seeking processes. The key researcher (health professional) was the primary observer while a second observer (non-health professional)

accounted for inter-observer reliability. Sites for inclusion had to meet specific criteria: promised information for successful breastfeeding and effective treatment of common problems, namely breastfeeding pain. Sites requesting a fee to view were excluded.

Analysis and Results:
An analysis coding system was developed using the ARCS Model. Web sites were classified on a 5 point range where "A*" represented those that met all the motivational criteria to "D" which represented those that failed to be motivating. The two observers classified the sites autonomously. Results revealed that the site promises are often misleading. Independent assessors and experts in the field verified the overall content.

Discussion and Conclusions:
Although the Internet is an excellent source of breastfeeding information it appears that current web-site designs fail to motivate women by incorporating confidence-building strategies. Instead women who access the web seeking to solve breastfeeding problems are faced with managing excess information, technical language and self-diagnosis. Hence the potential of the Internet to innovatively motivate women to breastfeed has not yet been fully realized. This research contributes to our knowledge and understanding of the potential of the Internet as a motivational medium for breastfeeding promotion.

Recommended reading:
Keller J.M. (1987a) Development and use of the ARCS model of instructional design. Journal of Instructional Development, 10(3), 2-10

Keller J.M. (1987b) Strategies for stimulating the motivation to learn. Performance & Instruction 26(8), 1-7

Keller J.M. (1987c) The Systematic Process of Motivational Design. Performance & Instruction, 26(9), 1-8

Source of Funding
The Research and Development Office Northern Ireland

3.8.1.

A randomised controlled trial of aromatherapy massage in critically ill patients

Nicola Olleveant, Teaching Fellow, Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom.

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Abstract:
Background:
Aromatherapy is an increasingly popular adjunct to healthcare but there remain few properly conducted trials (Moser 1992). Scientific studies are urgently required (Ernst and White 2000)and would contribute to the development of evidence based knowledge.

Aims:
To evaluate the effects of aromatherapy massage on critically ill patients.

Methods:
A randomised controlled trial methodolgy of 150 critically ill patients allocated to one of three groups, no intervention, massage only, aromatherapy masssage was used for this study. A foot and leg massage was carried out with or without essential oil of bergamot, and physiological and psychological variables were compared.

Results:
There appeared to be no effects on heart rate, systolic blood pressure and respiratory rate but diastolic blood pressure was significantly lower (p=0.05) four hours after a second aromatherapy massage. There was a significant reduction (p=0.05) in the number of patients who had received aromatherapy massage who required moderate to high doses of analgesia on the day following the massage. Also one hour after the first intervention there were more patients who had received an aromatherapy massage who were classed as being asleep. There were no significant results pertaining to the psychological data.

Discussion:
The use of a randomised controlled trial to investigate complementary therapies is unsuitable (McGourty 1993). This study however found that it was a valid and reliable design to use and was suited to the intensive care environment. Further work should use single oils and no more than a two group design which includes qualitative methodology in an attempt to capture effects of therapies which may be discrete. The use of properly conducted case studies would add valuable evidence to the literature regarding aromatherapy.

Conclusion:
Tentative suggestions have been made of some effects due to the aromatherapy massage, however it is acknowledged that further work in these areas is needed.

Recommended reading:
Moser KM (1992) The alternative therapy controversy: facts are needed. Heart Lung 11 (3) 195-196.

Ernst E and White A (2000) The BBC survey of complementary medicine use in the UK. Complementary Therapies in Medicine 8 (1) 32-36.

McGourtney H and Hotchkiss J (1993) Study rules. Nursing Times 89 (36) 8 September 42-45.

Source of Funding
Various - regional,and work based

3.8.2

The experiences of nurses when caring for the relatives of critically ill patients

Jayne Hardicre, Lecturer in Nursing, School of Nursing, University of Salford, Salford, United Kingdom

Abstract:
The intensive care unit is a dynamic and a potentially life saving environment containing patients and families experiencing psychological crises. Patients may be rendered unconscious either by illness, accident or sedative agents and be unaware of their fragile and critical state. The people who are always aware are the patients' families. (Hardicre 2003) Caring for the families of critically ill patients is an essential component of the nurses' role (NMC, 2002). Although the critical care nurse is the person cited as being responsible for meeting the needs of these families, little is known about how they view this role or indeed how undertaking this role affects the nurses themselves. This phenomenological study investigates the experiences of nurses caring for the families of critically ill patients. Nine qualified nurses from three intensive care units in the North West of England were interviewed to discuss what caring for the families of critically ill patients meant to them. Following transcription, thematic analysis was performed, guided by the work of Max Van Manen (1994). Nurses discussed and understood the importance and benefits of performing the family care giver role.

The majority found the reciprocal relationship with the relatives crucial for understanding the personality behind the 'person in the bed'. However, some found the close relationships forged to be very stressful and some felt inadequately prepared to undertake the role. Some nurses found the continued presence of family members to be a stressor in itself with tactics discussed to reduce the length of contact time. This illuminative paper gives a powerful insight into the nurses' world when performing the family care-giver role. Themes to be discussed will be reciprocity, finding it hard and training and support. This paper is applicable to all areas where close relationships are forged between the nurse and the family. 299 words

Recommended reading:
Hardicre, J. (2003) Meeting the needs of families of patients in intensive care units. Nursing Times; 99:27, 26-27

NMC (2002) Code of Professional Conduct. Nursing and Midwifery Council.

van Manen M (1994) Researching Lived experience: human science for an action sensitive pedagogy. The Althouse Press. Ontario, Canada.

Source of Funding
University of Salford

3.9.1

Evaluation of a pilot work-based learning programme for trainee consultant nurses in emergency care

Judith Lathlean, Director of Research and Professor of Health Research, School of Nursing and Midwifery, University of Southampton, Southampton, United Kingdom

Co authors: Jo Horwood; Heidi Surridge

Abstract:
This paper presents the results of the first phase of an evaluation of an innovative programme. This unique 3-year pilot, which commenced in 2004 with 5 nurses, aims to prepare participants for consultant nurse roles in emergency care (Crouch et al. 2003). The trainees (referred to as nurse registrars – NRs) rotate between two Emergency Departments and 2 NHS Walk-in Centres. Their roles are split – 50% service delivery, 25% professional, educational and personal development, and 25% service development. The purpose of the evaluation is to explore the extent to which the programme develops the competencies of the NRs to undertake a consultant nurse role. It also investigates the impact of structured work-based learning in emergency care. A phased action-based research design allows the evaluation to develop alongside and feed into the programme. Phase 1 (presented here) involved in-depth interviews with a wide range of key stakeholders at strategic and clinical levels, including patients. Data were also gained from observation at meetings and documentation such as portfolios, performance reviews and curriculum vitae.

Phase 2 will take account of programme changes and focus on defining measurable outcomes. Phase 1 results show the benefits and challenges of undertaking and hosting a programme of this type. They illustrate what the NR role entails and how the programme assists in the development of the 4 domains of the consultant nurse role

– expert clinical practice; education; service; development; research and consultancy. They give rise to a discussion of such issues as: nursing career structure, role definition and boundaries and the implementation of work-based learning programmes. Methodologically the evaluation illustrates a relatively little used action-based approach as well as the development of measurable outcomes of relevance to nursing education and clinical practice.

Recommended reading:

Crouch R, Buckley R and Fenton K (2003) Consultant nurses: the next generation. Emergency Nurse. 11(7): 15-17

Source of Funding
Hampshire and Isle of Wight Workforce Development Confederation/Wessex Post-Graduate Deanery

3.9.2

Evaluating the impact of the matron role using a 360 degree evaluation approach

Hilary Lloyd, Principal Lecturer in Nursing Practice Development and Research, Department of Research and Development, City Hospitals Sunderland NHS Foundation Trust, Sunderland, United Kingdom.

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Co authors: Helen Hancock; Pat Bignell

Abstract:
The matron role was introduced into the National Health Service in 2001. There was a perceived need for a strong clinical leader with clear authority at ward and department level. Given the considerable investment in these roles there is a need to evaluate their impact on quality health care and to inform future development of roles to improve standards of care. The study aim was to evaluate the impact of the Matron role using 360-degree evaluation approach through the exploration of lived experiences using semi-structured interviews. This evaluation used a collaborative approach by allowing key parties to participate in the design of the evaluation.

Methods:
The study was based on the 5 Matrons working at an acute hospital trust. Each Matron nominated up to nine colleagues/patients to participate in semi-structured interviews. The data collected in relation to each Matron was analysed following the principles of thematic analysis. Findings The role of the matron has emerged diverse and multifaceted. Eight major themes have emerged from the data.

- Role expectations
- Roles and responsibilities
- Leadership
- Power and authority
- Support
- Challenge to the role
- Role impact
- Experience

Conclusion:
The Matron plays a substantial role in the development of both service and practice throughout the trust. The greatest impact of the role was that on care delivery. Colleagues widely reported a positive impact of the role, standards of care were, perceived to have improved or maintained in all areas. The evidence suggested that some medical colleagues viewed the focus of matron role as within the nursing domain, rather than a broader operational patient focused role. Nursing staff, particularly at ward/department level, felt supported and empowered to influence both the care and environment for patients. There was a perception from staff and patients that services had improved.

Recommended reading:

Department of Health (2003) Modern Matrons – Improving the Patient Experience. DH, London.

Oughtibridge D (2003) The modern matron. Nursing Management, 10 (2), 26-28.

Clarke A (1999) Evaluation Research. Sage. London.

Source of Funding
none

3.10.1

An exploratory study to compare the utility of carer interviews against an audit in the evaluation of an end-of-life care pathway

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Email: Tina.quinn@ubht.swest.nhs.uk

Abstract:
Background:
The Liverpool care pathway(LCP) for the dying has been adopted as evidence based framework (NICE 2004) and is being disseminated nationally as a template for end-of-life care. To-date measurable outcomes have relied on staff perceptions and patient complaints procedures(hhttp://www.lcp-mariecurie.org.uk). The Liverpool Care Pathway Team have identified that in order to determine the effect of the LCP on patient care it is essential to evaluate its effect on relatives and carers (Jack et al 2003).

Aim:
This study is to assess the feasibility, acceptability, and utility of using professional and non professional carer interviews in the evaluation of an end-of-life care pathway.

Objectives:
To explore the experience of the non-professional carer, and professional carer for those patients whose care is determined by an end-of life care pathway. To audit the medical and nursing notes to determine adherence to the pathway, and to compare the data from the interviews with the data obtained from the audit to inform the methodology for a prospective evaluation of an end-of-life care pathway.

Setting:
The study will be conducted in a setting where an adapted end-of-life care pathway has been implemented and is well established.

Sample:
The study will include patients on general wards who are entering the last few weeks of life and whose care is being determined by an end-of-life care pathway. Sampling will be purposeful and participants will be screened for eligibility.

Study design:
This is a qualitative study using a grounded theory approach. The study will incorporate in-depth interviews with carers and members of medical and nursing staff around their experience of using an end-of-life care pathway.

Results and Conclusions:
This study is ongoing and data analysis, results and conclusions from professional carer interviews will be completed by March 2006.

Recommended reading:

National Institute for Clinical Excellence (NICE) (2004) Guidance on Cancer Services Improving Supportive and Palliative Care for Adults with Cancer. The Manual NICE, London.

Jack BA, gamblesM, Murphy D, Ellershaw J. Nurses perceptions of the Liverpool Care Pathway for the dying patient in an acute hospital setting. International Journal of Palliative Nursing 2003; 9(9): 375-381

http://www.lcp-mariecurie.org.uk

Source of Funding
University of Bristol

3.10.2

Genetics in palliative care: The challenge of designing a suitable research study

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Email: a.k.lillie@bham.ac.uk

Abstract:
This paper will focus on the challenges of designing a research study to explore the effect that the increasing public awareness of cancer genetics is having on the care needs of palliative care patients and their families. Context: The majority of palliative care patients continue to have a cancer diagnosis. It is now known that around five to ten percent of cancers are related to inherited genetic mutations that predispose to cancer (Reiger 2004). Unfortunately the ability to identify these genetic changes is developing more quickly than the ability to develop new treatments (Sadler et al 2004). It has been suggested that a recent death in the family may increase anxiety about the possibility of a genetic predisposition to cancer (Rees et al 2001), but there has been very little research into the way that a family history of cancer is impacting on the psychosocial care needs of patients and families who require palliative care. Objectives of this paper: The design of any research study is a critical part of ensuring that a framework for addressing any ethical issues is developed.

This paper will discuss how considerations about the vulnerability of palliative care patients and the sensitivity of the topic of genetics were key issues in the design of this exploratory qualitative study.

It will consider three key areas

1) Context

2) Why the research was considered ethically justifiable

3) How the research was designed to minimise the risk of causing new anxieties and the potential for emotional distress for participants.

It is hoped this paper will benefit new researchers working in complex areas with sensitive research topics..

Recommended reading:

Rees, G. Fry, A. Cull, A. (2001) A family history of breast cancer: Women's experiences from a theoretical perspective Social Science and Medicine 52:1433-1440

Reiger, P. T. (2004) The biology of cancer genetics Seminars in Oncology Nursing 20(3) 145-154

Sadler, G.R. Wasserman, L. Fullerton, J.T. Romero, M. (2004) Supporting patients through genetic screening for cancer risk Medical and Surgical Nursing 13(4) 233-246

Source of Funding
University of Birmingham, School of Health Sciences, 52 Pritchatt's Road, Birmingham B15 2TT

3.11.1

An illuminative evaluation of ethical teaching in the care of the dying patient and family certificate of personal professional development module

Gaye Kyle, Senior Lecturer, Faculty of Health & Human Science, Thames Valley University, Slough, United Kingdom

Abstract:
Health care professionals who care for patients with life threatening diseases or those approaching death require the ability to analyse and be confident in ethical decision-making. The author used anonymised reflection rather than the more 'traditional' theoretical ethical approach to teaching ethics. The need to evaluate this delivery of teaching ethics is important as it has resource implications; it requires two facilitators and takes up one entire day of a seven day module. The aim of the study is to evaluate the worth of using anonymised reflection when teaching ethics in the Care of the Dying Patient and Family module. The students' perceptions, achievement of theoretical learning outcomes and students' ability to identify and use ethical frameworks will be collected.

Results of the study will reduce uncertainties, give an indication of the effectiveness and initiate decisions with regard to teaching ethics in the future. In order to focus on the two main domains of curriculum intention and learning milieu inherent in illuminative evaluation (Ellis 2003, Partlett & Hamilton 1972), both qualitative and quantitative data was collected. Sampling was the first 2 student cohorts who experienced anonymised reflection (N=20). Analysis and discussion of results is dependant on the type of data collected. Data reduction was completed by hand. Themes identified were the richness and relevance of scenarios, small group work and the knowledge of tutors. Descriptive statistics were used for analysis of quantitative data. 100% of students supported the view that they preferred this style of teaching. This figure was sustained in the postal questionnaire conducted four months later. However, the results of the questionnaire suggest that students still lack the ability to apply ethical frameworks to ethical decision-making in practice. The paper will explain anonymised reflection, briefly discuss methodology and present the complete results of the study.

Recommended reading:

Ellis L (2003) Illuminative case study design: a new approach to the evaluation of continuing professional education. Nurse Researcher Vol. 10. No. 3.pp.48-59.

Partlett M & Hamilton D. (1972) Evaluation as Illumination. Edinburgh: centre for Research in the Educational Sciences

Source of Funding
None

3.11.2

Community nursing care at the end-of-life: An investigation of nursing practice

Mary Lewis, Senior Nurse and Research Associate, Centre for Child and Adolescent Health, University of the West of England, Bristol, United Kingdom.

Email: mary.lewis@uwe.ac.uk

Co authors: Fiona Finlay; Catherine Tuffrey

Abstract:

Background:
Children's palliative care is a relatively new but expanding speciality in the United Kingdom (ACT 2003). The end-of-life phase for children with oncological conditions has received more attention than other diagnoses (Winter 1997). Those with non-oncological (often chronic)disease are a more heterogeneous group (McCallum et al 2000)and this may explain the paucity of literature relating to end-of-life care. However significant numbers do die in childhood raising the question: what care do children and their families receive from children's community nurses, in the last few months of their lives?

Aim:
To understand nursing work involved in caring for dying children by establishing the number and nature of contacts made in the two months leading up to death and in the bereavement period.

Method:
Documentary analysis of nursing records for children known to a children's palliative care service in South West England who died from non-oncological conditions during 1999 – 2004.

Findings:
63/67 records were available (94%). The median number of visits before death was 6 (range 0-29) and after death was 2 (range 0-21). 53% were home visits, 30% were hospital visits. The median number of telephone calls between professionals and concerning diverse topics made before death was 11 (range 0-77) and after death was 5 (range 0-75). A huge range of family needs were identified requiring innovative and flexible nursing practice.

Discussion:
A wide range of skills, knowledge and competencies were used by community nurses and highlight questions about how 'best-care' can be delivered. Service providers and commissioners need to be made aware of the significant end-of-life workload.

Conclusion:
There is a paucity of reliable information making it difficult for services and practitioners to be transparent about the effective use of resources and clinical workloads. This study contributes to the body of knowledge regarding the needs of children and families at this difficult and sensitive time and explores the nature of community nursing practice in response to families needs.

Recommended reading:

Association for Children with Life-Threatening or Terminal Conditions and their Families and Royal College of Paediatrics and Child Health (ACT) (2003a) 2nd Edition A Guide to the Development of Children's Palliative Care Services. Bristol: ACT

Winter (1997) Review of a home-based palliative care program for children with malignant and non-malignant diseases. Journal of Palliative Care, 13(4):28-33.

McCallum, D.E., Byrne, P., Bruera.E. (2000) How children die in hospital, Journal of Pain and Symptom Management, Dec, 20 (6), 417 - 423

Source of Funding
None

Wednesday 22 March

14.15 - 15.45
Concurrent session 1

4.1.1

Participatory research with children and young people - a framework for practice

Tina Moules, Head of Department, Advanced Practice & Research, Anglia Ruskin University, United Kingdom.

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Abstract:
This study set out to use a participatory approach to explore how children and young people could be involved in clinical audit. In Phase 1 of the study 9 young people (a convenience sample) who had had inpatient experience were recruited and interviewed about their experiences. The sample was recruited from a local school because of difficulties encountered with trying to recruit through two hospital trusts. In Phase 2 of the study 6 of these young people formed the research group and worked with me as co-researchers. From this point they directed the research agenda, collecting data (with my guidance) from a total of 129 children and young people, aged between 9 and 14. These children and young people were again a convenience sample recruited from local schools. Members of the research group then worked with me to analyze data using Framework Analysis and to draw out the findings which they disseminated in the form of a leaflet. An analysis of the participatory process led to the development of a new Framework of Participation for use in participatory research projects with children and young people. The Framework aims to reflect the complex multidimensional nature of participatory research with children and young people providing a tool for practitioners and researchers. The presentation will present the Framework and will discuss its application to participatory research with children and young people.

Recommended reading:
Kirby P & Bryson S (2002) Measuring the Magic? Evaluating Young People's Participation in Public Decision-making. London: Carnegie Young People Initiative.

John M (2003) Children's Rights and Power. Charging Up for a New Century. London: Jessica Kingsley

Hill M, Davis J, Prout A & Tisdall K (2004) Moving the Participation Agenda Forward. Children & Society. Vol 18 p 77-96

Source of Funding
None.

4.1.2

Undertaking survey research with young people: maximising response rates

Annette Jinks, Professor of Clinical Nursing Research, Faculty of Health & Social Care, Liverpool John Moores University, Merseyside, United Kingdom

Co author: Sue Linnell

Abstract:
This presentation will outline the difficulties encountered when undertaking postal survey research with young people. The study undertaken aimed to establish the smoking and non-smoking habits of young people aged 11 to 15 years old who were members of a Smokebusters' club and compare the findings to a similar survey of club members undertaken 5 years previously. A number of authors describe the smoking behaviour of young people. For example, Goddard and Higgins (2000) report that whilst from the age of 13 years old the smoking behaviour in boys has fluctuated over the last decade there has been a steady increase in the numbers of young girls who smoke in the UK. A survey was conducted of all the Smokebusters members (n=2810). Response rate to this survey was 16% (n=438). Findings were then compared to a similar survey conducted five years previously (n=2810). Response rates to the first survey was 14% (n=465). It may be concluded that a disappointing feature of both surveys was the low response rates. Review of similar studies with young people show most published research reports use of face-to-face approaches as against a postal survey approaches.

There are very few reports of use of postal surveys of young people. One author who used this approach with a slightly older age range than the present study (15 to 16 years old) does report a 75% response rate (Smith et al 2004). However, Smith et al state that they undertook extensive liaison work with the schools whose pupils participated in the survey along with eliciting teacher support to improve response rates. It may be concluded that relatively high response rates can be achieved with this type of survey of young people if questionnaires are administered with the cooperation of schools and in a face-to-face or in a 'captive audience' situation.

Recommended reading:
Goddard E & Higgins V (2000) Drug Use, Smoking and Drinking Amongst Teenagers in 1999,

Smith AB, Caffrey M & Nairn K (2004) Health rights in secondary schools, student and staff perspectives Health Education Research 19, 1, 85-97

Source of Funding
Health Promotion Directorate North Staffordshire Health Authority

4.1.3

Exploring the challenges and responsibilities of mutual engagement within participatory action research

Kevin Corbett, Lecturer in Adult Nursing, Health Sciences, University of York, York, United Kingdom

Co authors: Gertrude Othieno; Rhetta Moran

Abstract:
This paper is based on an exploratory action research study into the factors affecting the engagement in HIV drugs trials of African patients and the wider African communities in London, United Kingdom (UK). The paper describes how the co-researchers in this study (UK professional/lay members from within the affected communities and academic researchers) shaped the study methodology and developed a variety of methods of data collection and purposive sampling. The key responsibilities of the co-researchers in this process of mutual engagement are described as well as the challenges and responsibilities they addressed; which are analysed in relation to co-researchers' identification of their own perspectives in a participatory methodology aiming to mutually engage diverse communities of National Health Service (NHS) clinicians and marginalized users/community members. Drawing on the findings from qualitative data analysis, the paper will also discuss several emergent issues of particular relevance for enhancing our healthcare knowledge/practice in context of 'New' Labour policies on social exclusion, immigration/asylum, cultural competence and user involvement in the NHS. The recommendations argue for the use of participatory qualitative methodologies that centralize the voices of those who are mostly easily marginalized by mainstream policies.

Recommended reading:
Chinouya M, Davidson O (2003) The Padare Project: Assessing health-related knowledge, attitudes and behaviours of HIV-positive Africans accessing services in north central London. London, Health First.

Stringer E (1999) Action Research: A handbook for practitioners. Newbury Park, CA, Sage.

Temple B, Moran R (2004) Developing communities containing dispersed refugee people seeking asylum. York, Joseph Rowntree Foundation.

Source of Funding
St George's Healthcare NHS Trust, Tooting, London U.K.

4.2.1

The development of roles and relationships between community nurses and older people: An ethnographic study

Julie McGarry, Lecturer, School of Nursing, Nottingham University, Derby, United Kingdom.

Email: Julie.mcgarry@nottingham.ac.uk

Abstract:
Aims:
- Explore how roles and relationships are constructed and maintained within primary care between community nurses and older people
- Examine the impact of role and relationship construction from the patient's perspective in terms

of participation in care and the wider issues of autonomy and empowerment

- Analyse the practice implications for nurses working in this environment within the context of contemporary initiatives

Background:
There has been a marked shift in the location and nature of nursing care from hospital settings to primary care. Changing demography (Wilson 2000), patterns of ill health and the emphasis on the relocation of care would strongly indicate that older people will be principal recipients of health care and support within primary care in the future. A number of studies have explored the relationships that exist between older people and nurses within the hospital setting and highlight the often disempowering nature of care interactions. McCormack (2001) has extensively explored these central issues and the implications for older people within the hospital environment and has highlighted a number of limitations in the realisation of patient-centred care from both individual and organisational perspectives. The home environment as a location of care provision is largely beyond the public-professional gaze and consequently there is little comparable evidence available (McGarry 2003). A central facet of the study will be to explore the way in which roles and relationships are shaped within primary care from the perspectives of both nurses and older people. The results of the study will be considered in light of contemporary policy initiatives.

Methods:
An ethnographic study involving participant observation and semi-structured interviews with community nurses (n=16) and older people (n=13) as care recipients. Data analysis Data analysis is currently in progress utilising an iterative approach.

Findings and Discussion:
Discussion and implications for practice development will be presented in light of findings.

Recommended reading:

McCormack B. (2001) Negotiating Partnerships with Older People: A Person Centred Approach. Ashgate: Aldershot

Wilson G. (2000) Understanding Old Age: Critical and Global Perspectives. Sage Publications: London

McGarry J. (2003) The essence of 'community' in community nursing: a district nursing perspective. Health and Social Care in the Community. 11 (5), 423-430

Source of Funding

None

4.2.2

An evaluation of a newsletter for carers of people with dementia who attend a day hospital

Patricia Higgins, Memory Service Nurse, Oxleas NHS Trust, Bridgeways Day Hospital, Bromley, Kent, United Kingdom

Abstract:

Background:
Carers need to be provided with adequate support and information. (Carers (recognition and services) Act (1995), NSF for Older People (2001), Audit Commission (2002)). As part of an overall strategy of communication a newsletter was developed to provide information to carers of people with dementia who attend a day hospital.

Aims:
The project aimed to find out if carers read the newsletter and what information they would like included in it.

Method:
Data were collected by means of a questionnaire sent to all (35) carers, a focus group and two in depth interviews. A copy of the newsletter was sent to the Plain English Campaign for their recommendations results. Carers were generally satisfied with the newsletter. Some suggestions were made for information they would like to receive and this was included in subsequent newsletters.

Discussion:
Carers are not a homogenous group and the challenge for healthcare professionals is to provide a wide range of communications strategies that will help to meet the individual carer's need at that time. The newsletter is an important part of that strategy because it reminds carers that support is available for them, if and when they need it, and maintains a link with the day hospital. conclusions. This paper highlights the valuable role a newsletter can play in the communication strategy between a day hospital and the carers. It also has shown how by consulting with carers an improvement in service delivery was achieved. The newsletter is something that could easily be replicated elsewhere, it has low cost implications and is simple to produce. The presentation will include the rationale for the study, the methodology used and results obtained. It will also include information on how the results obtained were translated into an improvement in practice and greater satisfaction amongst the carers.

Recommended reading:

Audit Commission(2002) Forget-me-not. London: MWL Print Group.

Carers (recognition and services) Act (1995) London: HMSO.

Department of Health (2001) National Service Framework for older people. London: Department of Health.

Source of Funding

none

4.2.3

Meeting the challenges of acute pain management in older people: A systematic literature review

Morag Prowse, Head of School, Faculty of Health and Social Work, University of Plymouth (UK), Plymouth, United Kingdom.

Email: m.prowse@plymouth.ac.uk

Abstract

Aims and objectives
The literature review was conducted to explore those factors which complicate pain management in older people to inform future research, education and nursing practice in this area.

Background
Acute pain management in hospitalised older people is complex because of the physiological changes of ageing, pharmacological factors and under-representation of this patient group in reported research about assessing acute pain.

Methods
A systematic review of the literature was undertaken using electronic databases and specified search terms, some hand searching was also used and included the grey literature, textbooks and conference proceedings. A computerized literature search was carried out using CINAHL, Bandolier, Cochrane, Medline, the British Nursing Index and the International Association for the Study of Pain website for the period 1992-2004. The search terms were acute pain, older people, elder care, pain assessment, and acute pain services. Thirty-seven research-based reviews and published studies and seventeen policy documents were included.

Conclusions
Managing acute pain well in older adults involves understanding the influence of a series of integrated factors: attitudes and beliefs, physiological ageing processes, pharmacological factors and the social construction of the older person in healthcare contexts.

Relevance to clinical practice
This review offers new insight into those factors which, taken together add complexity to managing acute pain in older people well. Two thirds of the UK/International hospital population(s) are older people. Moreover, nurses are the professional group mainly responsible for assessing pain, administering and now prescribing analgesia and evaluating the quality of pain relief in older people. On this basis, they are also the group most likely to effect improved patient outcomes.

Recommended reading:

Bandolier Extra (2003) Acute Pain. Available at: http://www.jr2.ox.ac.uk/bandolier/booth/painag/index2.html, (accessed 12 July 2005).

British Geriatric Society [BGS] (2003) Standards of Medical Care for Older People: Expectations and Recommendations. Available at: http://www.bgs.org.uk/compendium/compa3.htm, (accessed 13 February 2005).

Dolin SJ, Cashman JN & Bland JM (2002) Effectiveness of acute postoperative pain management. 1: Evidence from published data. British Journal of Anaesthesia 89, 409-423.

Source of funding:

none

4.3.1

The re stratification of nursing in Britain

Carol Wilkinson, Principal Lecturer Health Studies, School of Health and Social Care, University of Lincoln, Lincoln, United Kingdom.

Email: cwilkinson@lincoln.ac.uk

Abstract:

The Working Time Directive for Junior Doctors came into force in August 2004 in the National Health Service in Britain. The likely impact upon the nursing profession has been debated in Congress in recent years, yet the views of nurses there appears to be no current research to support the debate.Recent work undertaken by the author to ascertain the perspectives of nurses and doctors in the current political climate has found that preparation for change and working practices that have emerged as a result, demonstrates specific issues concerning skills, education, training and different working relationships with the medical profession that was traditionally the case. Based on original qualitative research, the author presents findings which demonstrate some interesting prepositions for the re-stratification of the nursing profession with a positive and critical impact on healthcare delivery.

4.3.2

The psychological effects of organizational restructuring on nurses

Hilary Brown, Counsellor in the Student Counselling Service, Student Counselling Service, Bournemouth University, Poole, United Kingdom.

Email: hilarybrown@sainsbury46.freeserve.co.uk

Abstract:

Aim:

To compare reports from nurses affected by the restructuring associated with National Health Service (NHS) Trust mergers (1998-2000), with those of non-affected nurses.

Background:

Internationally, restructuring, a feature of healthcare organizations for decades, has been associated with negative outcomes for nurses (e.g., Shindul-Rothschild, Berry, D. & Long-Middleton, 1997). Despite this, no model to evaluate management of change factors, and psychological stress processes (Lazarus & Folkman, 1986) had been operationalized and tested.

Method

A sample of 351 qualified nurses was recruited from southern England. Nurses affected worked in NHS Trusts that were within six months of merging, others were non-affected by mergers. All completed a questionnaire that had been formulated for the study, on two occasions six months apart. Questions related to the parts of the model being tested (Shaw & Barrett-Power, 1997): restructuring initiatives i.e., stressors, information & participation, coping action, and coping effectiveness i.e., outcomes.

Findings:

Results indicated that nurses affected by mergers reported statistically significant higher restructuring initiatives before and following an event than non-affected nurses. Moreover, up to twelve months after an event some affected nurses reported lower information & participation, and coping effectiveness (i.e., higher job insecurity, job stress, job pressure, lower job satisfaction, physical, psychological, and environmental quality of life) than non-affected nurses, which was consistent with the model's proposals. However, there was no difference between affected and non-affected nurses coping action.

Conclusion:

This study makes methodological and theoretical contributions to the literature. Specifically, the quasi-experimental design, a model incorporating management of change factors, and psychological stress processes, and the evaluation of temporal changes during a period of healthcare restructuring. The authors acknowledge some methodological, and theoretical limitations, but offer suggestions to ameliorate, and develop these respectively. Management recommendations are based on the finding that the psychological effects of restructuring are linked with perceptions of low information & participation, and with negative outcomes for nurses following an event.

Recommended reading:

Lazarus, R. S. & Folkman, S. (1984) Stress, appraisal and coping, Springer, New York.

Shaw, J. B. & Barrett-Power, E. (1997) A conceptual framework for assessing organization, work group, and individual effectiveness during and after downsizing. Human Relations 50(2), 109-127.

Shindul-Rothschild, J., Berry, D. & Long-Middleton, E. (1997) Where have all the nurses gone? Final results of AJN's patient care survey. The American Journal of Maternal/Child Nursing 22(1), 33-47.

Source of Funding

ESRC

4.3.3

Follow up of an action research project to design, implement and evaluate a professional development programme for D grade nurses at NWLH NHS Trust

Alison Wilson, Professional Development Nurse, United Kingdom.

Email: alison.wilson@nwlh.nhs.uk

Co author: Debbie Clare.

Email: debbie.clare@nwlh.nhs.uk

Abstract:

In June 2004 an action research study to design, implement and evaluate a professional development programme for D grade nurses was set up in response to Trust audit data that demonstrated a lack of progression to E grade posts. Baseline data were collected via interview or focus group from 34 D to H grade nurses within the Trust. The programme was designed following data analysis and comprised 8 study days over 6 months. The programme aimed to facilitate the development of leadership and decision-making skills, critical thinking and confidence in dealing with emergency situations, communication skills and attitudes. Between September 2004 and March 2005 2 cohorts of D grade nurses (n= 21) completed the programme. The researchers were involved in organising and facilitating the programme, together with some of the teaching. This was justified by the use of an action research model, which allowed for greater participation of the researchers in the implementation process. Formative assessment was by means of a portfolio submitted during and on completion of the programme.

During February and March 2005 a second series of interviews and focus groups took place with programme participants and ward staff (total 18) to provide evaluation data. 6 themes were identified from data analysis. These were as follows: Expectations of the programme, Taking responsibility for development, Personal factors/ confidence and motivation, Mentorship and support, Influence of external factors and Impact on practice. Since March 2005 a further 18 nurses have completed the programme. Modification of the programme has continued as part of normal practice and incorporation of evaluation data, and this has included linking the knowledge, skills and attitudes to be learned to the KSF framework and making the programme available to all Band 5 nurses. In the future we hope to develop the programme to include development for Band 6 nurses.

Recommended reading:

Leigh, J. & Douglas, M. (2003), The benefits of a fast track, staff nurse development programme. Nursing Times, 99, (6), pp. 34-36

Burnard, P. (1991), A method of analysing interview transcripts in qualitative research, Nurse Education Today, 11, pp. 461- 466

Titchen, A and Binnie, A. (1993), Research partnerships: collaborative action research in nursing, Journal of Advanced Nursing, 18, pp. 858-865

Source of Funding

None

4.4.1

Improving Participation in Randomised Controlled Trials

Julie Young, Research Nurse, Primary Care Sciences Research Centre, Keele University, Keele, Staffordshi, United Kingdom.

Email: j.young@cphc.keele.ac.uk

Co authors: Ricky Mullis; Kanchan Vohora

Abstract:

Background:

Achieving recruitment targets is essential to any successful research programme. Many clinical trials fail to achieve full recruitment or are abandoned due to poor recruitment rates. A review revealed that 34% failed to recruit 75% of their planned sample, and 50% of randomised trials were abandoned. The aim of this work was to explore reasons for non-participation in three pragmatic clinical trials.

Method:

Referral data from three primary care clinical trials were analysed to identify reasons for non-participation. We then compared the different recruitment methods used across these studies to identify common and unique factors.

Results:

All three trials recruited the target number of participants. Although, it was necessary to extend the planned recruitment period to achieve this. The target population in the two trials was patients referred to community physiotherapists and in the third trial was General Practitioner (GP), consulters. In the physiotherapist trials consent to contact by the research team was via a letter from the physiotherapy department, where as the GP's gained this consent during the consultation. Of the patients referred directly by GPs, 1% did not consent to the study; compared with 24% of those referred from the physiotherapy department. The only factor common across all three trials was patients being uncontactable after initial referral. Common factors between the two physiotherapy trials were, patients "not interested", "too busy to take part" and "wanting a specific treatment". Common non-eligibility factors across all three studies included referrals of patients who fell outside of the study age, pain having resolved or patients receiving other forms of treatment between referral and recruitment. The percentage of patients who were deemed ineligible was almost the same in the three trials, 24% in the GP trial, and 28% in the physio trials.

Conclusions:

Patients seemed more willing to participate in research studies when asked to do so directly by their GP. This could be due to the fact that GP's screened all potential patients whereas the physios did not. Although there were common factors between the three studies, each also had unique recruitment issues; making it difficult to use these experiences to enhance recruitment rates. Further research into optimal recruitment methods in needed.

Source of Funding

Primary Care Sciences Research Centre, Keele University

4.4.2

Measuring the effects of a multi-faceted research recruitment strategy - what works best?

Peter Jones, Lecturer in Nursing & Llinos Spencer, Project Co-ordinator, School of Nursing & Midwifery Studies, University of Wales Bangor, Bangor, United Kingdom

Abstract:

Aim:

This paper offers an analysis and evaluation of a strategy aimed at recruiting expectant parents to participate in a study on language transmission in the home.

Design:

The recruitment criteria for the study were highly specific, requiring expectant parents with a particular language profile who lived in a defined geographical area. This made the recruitment process particularly challenging. The literature suggests that extra efforts need to be adopted when recruiting hard to reach participants (Arean et al., 2003; Wray & Gates, 1996). With this in mind the research team took a strategic approach to recruitment, taking account of the following factors: positive inducements (altruistic and monetary); advertising campaign (design, distribution and costs); recruitment through brokers; and personal networks.

Results:

The number of respondents will be matched to each facet of the recruitment strategy to compare their relative costs and efficiency in attracting participants into the study. To date, newspaper advertising has been the most effective short-term method of acquiring participants, but also the most expensive. Personal networks have also proved successful, and other strategies may gain an advantage due to their sustainability and cost effectiveness.

Discussion:

Systematic and iterative analysis of the process demonstrates the importance of adopting a diverse strategy to enable effective recruitment. This paper will contribute to the understanding of the best strategies required to recruit hard to reach populations.

Recommended reading:

Arean, P.A., Alvidrez, J., Nery, R., Estes, C., & Linkins, K. (2003) Recruitment and retention of older minorities in mental health services research. The Gerontologist 43(1); 36-44

Wray, J., and Gates, B. (1996) Problems of recruiting participants for nursing research: a case study. Nursing Times Research. 1; 366-373

Source of Funding

Welsh Language Board

4.4.3

Mixing methods: Horses for courses or paradigmatic perjury?

Dorothy McCaughan, Research Fellow, Health Sciences, University of York, York, United Kingdom.

Email: dmm5@york.ac.uk

Abstract:

Traditionally, a gulf is seen to exist between qualitative and quantitative research, each belonging to different paradigms, with assumed correspondence between epistemology, theory and method. Quantitative methods have been viewed as corresponding with positivist epistemology, concerned with causality, measurement and generalisability, while qualitative methods are linked with interpretivist epistemology, directed towards the uncovering of meaning. The two approaches are often viewed as mutually opposed and presented as dichotomies: idealism versus realism; induction versus deduction; objectivism versus constructionism; natural versus artificial (Murphy et al 1998). The conception of quantitative and qualitative research as each underpinned by a distinct epistemological position has implications for whether they can genuinely be combined, or whether they are incommensurable. Two contrasting perspectives are discernible amongst commentators. Pragmatic instrumentalists take the stance that the problem under investigation properly dictates the methods of investigation, summarized as a 'horses for courses' approach. Other writers, notably Lincoln and Guba (1990), condemn a 'mix and match' strategy as a form of 'paradigmatic perjury', and call for investigators to adhere to one or other paradigm in order to achieve coherence, order and logic throughout the research process. These concerns can appear seemingly inherently unresolvable, and pose a dilemma for researchers. However, Bryman (1984) has asserted that the two approaches can, and do, have an independence from their epistemological beginnings; that they have their own strengths and weaknesses; and it is these strengths and weaknesses that lie behind the rationale for integrating them.

This paper aims to promote understanding of the use of multi-method approaches in research inquiry and will: explore issues of epistemology and ontology relating to the qualitative/quantitative divide focus on the nature of reliability, validity and generalisability in mixed method research suggest that the use of multi-method research strategies will grow as health care interventions become increasingly complex.

Recommended reading:

Murphy, E., Dingwall, R., Greatback, D., Parker S. and Watson, P. (1998) Qualitative research methods in health technology assessment: a review of the literature. Health Technology Assessment 2, 16.

Bryman, A. (1984) The debate about quantitative and qualitative research: A question of method or epistemology? The British Journal of Sociology 35 (1), 75-92.

Guba, E.G. and Lincoln, Y.S. (1994) Competing paradigms in qualitative research. In: Denzin, N.K. and Lincoln, Y.S. (eds) Handbook of qualitative research. Thousand Oaks, CA: Sage.

Source of Funding

Department of Health

4.5.1

An investigation of family carers' needs following stroke survivors' discharge from hospital

Lin Perry, Senior Research Fellow, Cardiovascular Disease and Stroke., Health Care Research Unit, City University, London, United Kingdom.

Email: l.perry@city.ac.uk

Co authors: Ann Mackenzie; Liz Lockhart

Abstract:

Background:

Stroke affects the health and quality of life of individuals and their family carers. Many carers' needs are unmet despite available community services; the recent UK National Sentinel Stroke Audit concluded improved assessment is required, to inform future intervention.

Aims:

To identify and evaluate multi-disciplinary assessment and processes used to prepare, inform and educate family carers before and after stroke patients' discharge home from hospital.

Methods:

Participants were carer-patient dyads, of patients admitted to a London hospital with clinical diagnosis of acute stroke, discharged to non-institutional living. Prior to discharge demographic and stroke-related data were collated; assessment of problems/ anticipated needs of carers after discharge and information/ services supplied or planned to address these. Carers were interviewed using the Carer Assessment Scale (CAS; Mackenzie et al 1998) to identify perceived needs. One month post discharge carers were interviewed in their homes and details collected of services supplied/ used/ awaited. The CAS, Knowledge of Stroke scale, Sense of Competence Questionnaire (SCQ; Scholte op Reimer et al 1998) and Carer Satisfaction Scales (Pound et al 1993) were administered.

Key Findings:

42 dyads completed initial, 37 both interviews. Reported needs of family carers changed between data collection periods, with CAS median 10 (6, 21) before, 8 (6, 13) after discharge ($z=-1.895$, $p<0.059$). Carers under 56 years reported greater levels of anticipated problems pre-discharge compared to older carers ($z=-2.329$, $p=0.020$); this was still the case post-discharge. Younger carers also reported significantly higher burden ($z=-3.934$, $p<0.001$). Carers of White ethnic community groups reported significantly lower levels of burden than those of non-White groups (median 48 versus 53.5, $z=-2.096$, $p<0.036$), particularly women (median 45 versus 55.5; $z=-2.090$, $p<0.037$). Overall 50-63% felt under-informed about stroke, services and allowances; 27-43% felt that support or contact with service providers was inadequate.

Conclusions.

Potential lessons in relation to carers' experiences were identified, with implications for discharge preparation.

Recommended reading:

Mackenzie AE, Holroyd EE, Lui MHL. Community nurses assessment of the needs of Hong Kong family carers who are looking after stroke patients. International Journal of Nursing Studies 1998;35:3:132-140

Pound P, Gompertz P, Ebrahim S. Development and results of a questionnaire to measure carer satisfaction after stroke. Journal of Epidemiology and Community Health 1993;347:500-5

Scholte op Reimer WJM, de Haan RJ, Pijnenborg JMA, Limburg M, van den Bos GAM. Assessing the burden in partners of stroke patients with the Sense of Competence questionnaire. Stroke 1998;29:373-9

Source of Funding

St George's Charitable Foundation

4.5.2

User involvement in a stroke unit: A qualitative investigation of users views on their care and services

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Abstract:

Developing user involvement is regarded as significant factor in advancing the overall quality of health care provision (Gott etal,2002).Assessing quality of healthcare was confined to monitoring activities. However user involvement in assessment of quality requires an understanding of the experience of care and views of the users of that service. The aim of this qualitative study was to explore the users(patients) views regarding their experiences of the services and care they receive on the stroke unit as inpatients. This study was prompted personally, by a lack of "active" user involvement in terms of using their feedback to inform the development of stroke services. This study was done in response to the need for rigorous qualitative methods to elicit patients' subjective views (Wensing and Elywn 2002). Moreover, the lack of user's contribution, together with the need to involve users highlighted by Government policy and guidance was the background to this study (Poulton 1999). A grounded theory approach was adopted, using focus group methods to collect data.The adequacy of the number of focus groups was obtained through theoretical sampling. The data were transcribed and analysed simultaneously using the constant comparative method.

The findings:

Eight categories emerged from the patients expressed views, during the six focus groups, about their experiences of the service and what they value:

1 The individual experience of stroke.

2 Information,a/ The getting through and b/ shared experiences.

3 Consistency of service.

4 Loss of Independence/ The enjoyment of food,mood and anticipatory care.

5 Listen and consult users.

6 Attentivenesss of staff.

7 Recreation activities.

8 Privacy.

Conclusion

This research has shown that there are different dimensions to care, which are valued. This can only be achieved through trying to understand their experiences using a qualitative approach. In spite of its limitation, this study can help to raise awareness on the importance of user involvement and eliciting users views. It, therefore, has important implications for nursing practice and the multdisciplinary team.

Recommended reading:

Gott,M,Stevens,T,Small,N,Ahmedzi,S,A (2002) Involving users in improving services:British Journal of Clinical Governance,Vol7,No2,p81-85.

Wensing,M and Elywn,G (2002) Research on patients views in the evaluation and improvement of quality of care,Quality Safe Health Care,No11,p153-157.

Poulton,B,C(1999) User involvement in identifying health needs and shaping and evaluating services:is it been realised? Journal of Advanced Nursing,Vol30,No6,p1289-1296.

Source of Funding

self funding

4.5.3

"Not qualified to comment!" Accessing meaningful patient evaluations of a Transient Ischaemic Attack (TIA) clinic

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Email: paula.beech@salford-pct.nhs.uk

Co authors: Joanne Greenhalgh; Maria Thornton; Pippa Tyrrell

Abstract:

Background:

The National Service Framework for Older People focused attention on the delivery of rapid access TIA/neurovascular clinics (Department of Health 2001). To build on service delivery in Salford a process evaluation was undertaken to inform future developments. Patient interviews formed one element of this and are the focus of this abstract.

Aims

1. To examine the patients' experience and expectations of attending clinic

2. To explore patients' ideas about development of the service Methods Patients were interviewed post clinic attendance.

Semi-structured interviews focused on the experience, expectations and impact of attendance. Other potential service innovations and means of improving access were explored. A purposive sample was drawn from clinic attendees during late September to December 2003, aiming to interview a group reflecting the demographics of attendees. Interviews were transcribed and content analysis using 'Framework' method was undertaken to generate themes to describe accounts (Ritchie and Spencer 1994).

Results:

Seventeen patient interviews were completed. Material presented will give an overview of the themes identified: 'how patients present', 'purpose of attending', 'experience of attending', 'outcomes of attending', 'information needs', 'improving service access' and 'clinic format'.

Discussion:

This local study describes the personal and social influences upon patients' presentation to, expectations of and judgements made on a TIA service. This can be used to defend difficulties in delivery of national targets and argue the case for service innovation. The value of a more in depth interview approach to uncover lessons in the patients experience was seen. Patients may be tentative in expressing views and need encouragement that their experience holds valid lessons.

Conclusion:

Traditional approaches to measuring satisfaction may not reveal the full scope of individuals' evaluations or their ideas for service improvement. Semi-structured interviews were effective in determining reflective evaluations on the patient experience of attending a TIA/Minor stroke clinic.

Recommended reading:

Department of Health (2001) National Service Framework for Older People. Department of Health, London.

Ritchie, J. and Spencer, L. (1994) 'Qualitative Data Analysis for Applied Policy Research', Chapter 9 in Bryman, A. and Burgess, R.G. (eds.) (1994) Analysing Qualitative Data, Routledge.

Source of Funding

Soft money funding

4.6.1

The impact of percutaneous endoscopic gastrostomy feeding in children

Ailsa Brotherton, Senior Research fellow, Department of Nursing, University of Central Lancashire, Preston, United Kingdom.

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Co authors: Janice Abbott; Peter Aggett

Abstract:

Background:

Enteral feeding in children is being increasingly used in the United Kingdom (Puntis, 2001; Stratton et al 2003). In 2002, Gastrostomy feeding accounted for 54% of paediatric new registrations on the British Artificial Nutrition Survey (BANS) register (Glencourse et al, 2003).

Aim:

This study aimed to explore the impact of Percutaneous Endoscopic Gastrostomy (PEG) feeding in children, from the carers' perspectives.

Methods:

A semi-structured interview format was developed, informed by the current knowledge in the literature and perceptions of health professionals gained through experience of working directly with children receiving home enteral feeding. The study was a cross-sectional qualitative design employing purposive sampling. Twenty-four interviews were conducted and data were thematically coded for analysis.

Results:

Reported difficulties arising from PEG feeding included vomiting (71%), diarrhoea (33%), infection of the PEG site (46%) and leakage (54%). When directly questioned about the acceptability of their child's Quality of Life, seventy-nine percent of carers reported their child's Quality of Life was acceptable. The impact of feeding on daily lives was diverse ranging from positive impacts (PEG feeding being easier than oral feeding) to very negative impacts (the feed being totally disruptive to daily life, both for the child and the family). Delayed and disturbed sleep, restricted ability to go out, difficulties finding a place to feed, childcare problems, negative attitudes of others towards feeding and family divisions emerged as key issues.

Discussion and Conclusions:

This data has been thematically analysed and used to develop a preliminary QoL assessment tool designed to measure the impact of PEG feeding in children. Following validation, the tool will be available to objectively measure the impact of PEG feeding in children in clinical practice.

Recommended reading:

Glencourse C, Meadows N, Holden C et al. Trends in artificial nutrition support in the UK Between 1996 and 2002. A report by the British Artificial Nutrition Survey (BANS). A Committee of the British Association for Parenteral and Enteral Nutrition. 20

Puntis JWL. Nutritional support at home and in the community. Arch. Dis. Child.2001. 84, 295-298.

Stratton RJ, Green CJ, and Elia M. Disease related malnutrition: an evidence-based approach to treatment. 2003. CABI Publishing.

Source of Funding
Seedcorn funding

4.6.2

Abstract withdrawn

4.6.3

Researching toddler obesity in Hong Kong: A preliminary study

Christine Chan, Lecturer, School of Early Childhood Education, The Hong Kong Institute of Education, Hong Kong, China

Abstract:
The level of general health of preschool children in Hong Kong is debatable, despite the fact that most people in Hong Kong are enjoying a long life-expectancy, and an increasing proportion have come to enjoy a high standard of living over the last few decades of the 20th century. There has been a constant rise in the rate of young people suffering from dietary-related diseases, such as young adulthood diabetes and cardiovascular diseases (HKHA, 2004).

A current study indicates that Hong Kong junior primary school children generally suffer from

(1) insufficient sleep

(2) missed breakfast and/or lack of vegetables

(3) a lack of outdoor activities (Lee, 2001).

Moreover, childhood morbidity due to obesity has been increasing amongst children aged 3-6 for a decade (Leung, 2000).

In addition, a recent survey reported that the majority parents hoped that their children looked plump since that is considered to be healthy (Ming Pao, 13 March 2004). A pilot study was conducted prior to a major study. Both qualitative and quantitative studies were used for this ethnographic study. Food-card-based semi-structured interviews, a weekly dietary diary, home visits and life participation, together with the Child's Body Image Questionnaire and Cultural Adherence Scale were employed for primary childcare providers (parents, maids or relatives) with toddlers of different BMI (Body Mass Index). Two cases and 100 subjects were recruited from Childcare Centers and Kindergartens where different types of Public and Private Housing Estates were located. Ethnographic, thematic and the SPSS (Statistical Package for Social Sciences) statistical analysis were used. The preliminary results suggested that there is a relationship between primary childcare providers' perception of children body image and their levels of cultural adherence. Together, childcare practices and socio-economic characteristics could be essential factors affecting toddlers' food choice and diet preference offered by their primary care providers.

Recommended reading:

Hong Kong Hospital Authority (2004). Population and health statistics. Hong Kong: Hospital Authority

Lee, A (2001). Health Promoting School in Tai Po and Shai Tin. (seminar paper) Center of Health Education and Promotion. Hong Kong: The Chinese University of Hong Kong

Leung, S. F., Lee, W. T. K., Lui, S. H., Ng, M. Y., Peng, X. H., Luo, H. Y., & Lam, W. K. (2000). Fat intake in Hong Kong Chinese children. American Journal of Clinical Nutrition, 72, 1373S-1378S

Source of Funding
The staff development grant of the Hong Kong Institute of Education

4.7.1

Will technology make a difference? Challenges of evaluating and understanding IT use in the NHS

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Co authors: Natasha Mitchell; Dawn Dowding; Carl Thompson; Nicky Cullum

Abstract:
Background:
A number of computerised decision support systems (CDSS) have been introduced into both primary and secondary care to aid nurse decision making. However, there is still much confusion over the most productive way to evaluate such systems, with the National Institute for Clinical Excellence (NICE) and Connecting for Health (CfH) currently carrying out research into this topic. The randomised controlled trial has typically been seen as the gold standard for evaluating healthcare interventions, IT interventions included, but the benefits of qualitative methods are starting to be acknowledged, with organisations such as the Medical Research Council suggesting that such methods are an important complement to the controlled trial.

Objective:
To identify what controlled trials and qualitative studies can contribute to our understanding of nurses' use of CDSS, through a review of controlled trials and qualitative studies of nurses' use of such systems.

Methods:
A systematic review was conducted to assess the effects of CDSS on the processes and outcomes of nursing judgement and decision making. Qualitative studies of CDSS use were identified through database searching, searching of reference lists of included studies and relevant reviews, and contacting experts in the field.

Results:
Seventeen controlled trials were identified that evaluated nurses' use of CDSS. Nineteen qualitative studies of CDSS use were identified, including both observational studies and interview-based studies, although only six of these studies involve nurses. The results of the review will be presented, highlighting the different information that controlled trials and qualitative studies can provide about use of CDSS and demonstrating how the findings from such methodologies can be mutually illuminating. The implications of the review will be discussed, including methodological challenges for future evaluations of CDSS systems. The results will be discussed with reference to current arguments about the role that qualitative methodologies should play in controlled trials.

Source of Funding
Department of Health

4.7.2

Access to and use of information communication technology: A cross-sectional survey of the users of a community mental health team

John Crowley, Senior Lecturer, School of Health, University of Greenwich, London, United Kingdom

Abstract:
Introduction:
There is little research evidence regarding the accessibility and use of Information Communication Technology (ICT) by users of mental health services. The aims of this study were to: Compare accessibility levels to ICT by CMHT service users with the general polulation Establsih perceived ICT literacy levels of CMHT service users Establish perceived need of ICT support and orientation for CMHT service users Establish the opinions of CMHT service users regarding the potential of ICT to develop services.

Method and Sample:
All service users (600) registered to the Community Mental Health Team were divided into those receiving enhanced or standard CPA. Both groups were numbered. Using a random number generator, 20% of both groups were selected to take part in the survey.

Results:
The survey found that ICT ownership, access and ability are clearly major issues for mental health service users. The general population is twice as likely to own a pc as an individual receiving standard CPA and four times more likely than an individual receiving enhanced CPA. An individual receiving standard CPA is three times less likely to have internet access than the general population. Both groups are approximately two and a half times less likely to be able to use email than are the general population.

Conclusion:
The survey demonstrates that there is a very strong interest in ICT based interventions amongst users of a community mental health team. In order to fully exploit the potential benefits of ICT, and to ensure inclusiveness in the provision of everyday mental healthcare service delivery, NHS trusts should consider providing ICT orientation, awareness raising sessions and user-dedicated terminals. The challenge is one of promoting inclusiveness through equity of access.

Recommended reading:

Chinman M (2004) Computer-assisted self-assessment in persons with severe mental illness. Journal of Clinical Psychiatry. 65;10, 1343-1351

Forkner-Dunn J (2003) Internet based patient self-care: the next generation of health care delivery. Journal of Medical Internet Research. 5(2), e8

Source of Funding
None

4·7·3

Use of computer assisted software in analysis of qualitative data versus manual analysis

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Abstract:

The use of computer assisted software programmes to manipulate qualitative data during the process of analysis is increasingly promoted, particularly for post-graduate research and large qualitative research projects. The question is; is there a danger of returning to the approaches of handling data that were the reasons for much of the early development of qualitative research methodologies? It has been suggested that the software packages are more suited to objectivist approaches to analysing data where objectivist approaches echo positivism. Becoming competent at using computer assisted software is time consuming, requiring long hours sitting in front of a computer screen. However, engaging with data is a crucial aspect of the research analysis process and prior to choosing to use computer software students/researchers may not have considered their personal style of 'seeing' or visualising data, or the world in general, and how this may influence their relationship with data. Although software programmes increasingly offer the capacity to view data in complex ways its availability is predominantly visual without a tactile element to the process. Research scholars have also posed the question: "Why would you want to engage in work that connects you to the deepest part of human existence and then turn it over to a machine to 'mediate'?"

This presentation proposes a combination of 'traditional' manual analysis and data management using 'mind mapping', and computer assisted management of data as a middle way in addressing these issues.

Recommended reading:

Charmaz K. (2003) Grounded theory: objectivist and constructivist methods. In Denzin N. K. and Lincoln Y. S. (eds) Strategies of Qualitative Inquiry. (2nd edition) Sage: London. 249-290.

Fielding N. G. and Lee R. M. (1998) Computer analysis and qualitative research. Sage: London.

Buzan T (2004) Mind Maps at Work. Thorsons: London

Source of Funding

None

4.8.1

An exploration of spouse/partner experiences of information and support needs post acute myocardial infarction using focus group methodolgoy

Fiona Timmins, School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland

Co author: Scott Mc Clean

Abstract:

Aim:

This study aimed to explore spouse/partners' experience of the information and support required and received in the acute myocardial infarction in-hospital recovery period.

Background:

A dearth of information exists that uncovers the experiences of spouse/partners following AMI. Although information needs, emotional reactions, support and information provision are prevalent themes within the literature there are few studies that specifically address these issues in this population. While survey methods abound, with more recent qualitative interviews apparent, focus group methodology is underused.

Methods:

The study employed a qualitative descriptive design, using focus group methodology. Findings: Themes that emerged from the study included the: reactions to the event, feeling like a burden on the health service, over-protectiveness/misconceptions, and information.

Conclusion:

Nurses provide valuable support and information to spouse/partners post myocardial infarction. While the latter refer to a perceived helplessness and guilt for bothering nursing staff, many felt supported in their journey towards recovery. Failure to individualise information was identified as a barrier to rich learning in the health care setting. Recommendations for practice include individualised family centre information and support and inclusion of spouse/partners in cardiac rehabilitation.

Recommended reading:

Arefjord K, Hallaraker E, Havik OE, and Gunnar Maeland J (2002) Illness understanding, causal attributions and emotional reactions in wives of myocardial infarction patients Psychology and Psychotherapy: Theory, Research and Practice. 75, 101-114.

Alm-Roijer, C., Stagmo, M., Udén and Erhardt, L. (2004) Better Knowledge improves adherence to lifestyle changes and medication in patients with coronary hear disease European Journal of Cardiovascular Nursing 3, 4, 321-330

Hansseen T A, Norderehaug JE and Hanestad BR, (2005) A qualitative study of the information needs of acture myocardial infarction patients, and their preferences for follow-up contact after discharge European Journal of Cardiovascular Nursing 4,37-44.

Source of Funding

N/A.

4.8.2

Guidelines for family psychosocialcare during critical illness in the emergency department

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Email: bernicer@epworth.org.au & bredley@optusnet.com.au

Co authors: Mari Botti; Maxine Duke

Abstract:

Background:

Currently, there are no clear guidelines for the provision of psychosocial care for family members who accompany a critically ill person into the emergency department (ED). The development of effective guidelines for family care in the emergency context is both complex and challenging. If guidelines are to accommodate the specific cultural features of clinical practice in the ED, they need to incorporate an understanding of the perspectives of the family member recipients of care and the staff expected to implement their care.

Aim:

This paper reports the findings of a three stage study to develop ecologically valid, evidence based guidelines for the psychosocial care of family members who accompany a critically ill person into the ED.

Methods:

First, a systematic review methodology was developed and used to identify best practice recommendations. Second, a prospective descriptive survey methodology was used to examine family needs of 120 family members from the EDs of two Melbourne metropolitan hospitals. Third, a self-report survey was developed and used to collect data from 143 multidisciplinary ED staff at the same two hospitals. Observational qualitative data were collected concurrently with the surveys.

Results:

The findings from this study reveal cultural complexity influencing this aspect of clinical practice. Family needs were similar across the two sites. Discrepancies between staff attitudes towards family care and their self-reported behaviours were identified. Site and occupational differences in staff attitudes and behaviours were detected, with nurses' attitudes most consistently aligned with family views and the best practice principles.

Discussion and Conclusion:

Knowledge about family members' ED experience and staff views provides a basis for ecologically valid practice guidelines for staff providing care for this group of clients. Understanding of differences in attitudes between different members of the ED team, and the impact those differences may have on their actual behaviours and family outcomes, must inform strategies to develop and implement practice guidelines. The outcomes of this study inform the processes of implementing sensitive practice guidelines into complex environments such as the ED.

Recommended reading:

Redley, B. & Beanland, C. (2004) Revising the Critical Care Family Needs Inventory for the emergency department. Journal of Advanced Nursing, 45, 95-104.

Redley, B., Beanland, C. & Botti, M. (2003) Accompanying critically ill relatives in emergency departments. Journal of Advanced Nursing, 44, 88-98.

Redley, B., Levasseur, S., Peters, G. & Bethune, E. (2003) Families' needs in emergency departments: instrument development. Journal of Advanced Nursing, 43, 1-11.

Source of Funding

Royal College of Nursing Australia Bequest Fund for Research, Australian Nurses Federation Annual Research Grant

4.8.3

Intensive care diaries may reduce later symptoms of posttraumatic stress disorder

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Co authors: Mauriza Capuzzo, Hans Flaatten, Carl Backman, Christian Rylander, Richard Griffiths

Abstract:

Background:

Diaries written during the patient's stay in the intensive care unit (ICU) are becoming increasingly popular. Initially it was felt that these diaries would help patients understand their illness better and fill gaps in the patients memory for ICU (Bäckman C, Walter SM 2001). The impact of such diaries on psychological recovery has not been examined.

Aim:

To examine the influence of ICU diaries on psychological recovery.

Methods:

The study was part of a prospective study undertaken in 5 ICUs examining the incidence of post traumatic stress disorder (PTSD). In 3 of the study ICUs some patients received diaries. Starting a diary was not randomised but done when staff had time. This was an opportunistic study of an intervention that was happening at the time of the main study. After ICU discharge the patients recall for ICU was assessed (Jones C et al 2000). At three months post ICU discharge the presence of PTSD-related symptoms was measured.

Results:

241 patients were recruited to the main study, 231 completing the 3 month follow-up. Of these patients 42 received a diary. The level of PTSD-related symptoms at 3 months post ICU discharge was lower in those receiving a diary (Mann-Whitney U $p = 0.04$). When just those patients recalling delusional memories for ICU, e.g. nightmares, hallucinations, paranoid delusions, were examined, those receiving diaries had much lower levels of PTSD-related symptoms compared to those who did not (Mann-Whitney U, $p = 0.028$).

Discussion:

This study suggests that patients receiving an ICU diary have lower levels of PTSD-related symptoms. The diary may facilitate the working through of traumatic memories, particularly of delusions and be acting like a natural cognitive behavioural therapy. Conclusion These results suggest that there is a need to perform an RCT of the impact of ICU diaries on psychological recovery.

Recommended reading:

Bäckman C, Walter SM (2001) Intensive Care Medicine,27:426-429

Jones C et al (2000) Clinical Intensive Care,11(5):251-255

Source of Funding

Stanley Thomas Johnson Foundation, Berne, Switzerland

4.9.1

Peoples journeys through health & social care – do they need travel sickness medication?

Sian Maslin-Prothero, Professor of Nursing, School of Nursing and Midwifery, Keele University, Stoke on Trent, United Kingdom.

Email: nsa23@keele.ac.uk

Co author: Tracey Tudball

Abstract:

Background:

There are calls for people who access services to participate in the planning and development of health and social services. This paper reports on an ongoing research project examining people who access services and their involvement in the development and delivery of a pre-qualifying interprofessional learning programme in the United Kingdom through the collection of 'patient journeys'(Maslin-Prothero & Dear 2005). The project maps and anonymises these journeys for use as tools for learning for the students and patients & their carers. The pressumption is that interprofessional learning will lead to interprofessional practice.

Methods:

The sample of was selected by invitation using advertising and the snowball technique. Data were collected from focus groups (n=2) and individual interviews (n=22), and transcripts analysed using thematic content analysis (Burnard, 1991). Participants included people with mental health problems, learning disabilities, physical disabilities, chronic medical conditions, and their carers. Results Following analysis the following six themes were identified: Care provision; Access to care; Information; Carers; Policy; and Support groups.

Findings:

The perspective of people who access services is that fundamental elements of basic care are often poorly given or not provided; this is in spite of the professionalisation of the professions and our move into the academy. Patients and their carers cannot comprehend why health and social care services are unable to guide them through their illness experience by providing details of their conditions and care pathways, resources available, support groups, benefits etc. Instead patients have to seek this information, and the vulnerable are further disadvantaged. It appears that although governments seek to empower users through various policy initiatives in reality the current health & social care system perpetuates the health divide. It is anticipated that students will learn from these journeys to work collaboratively and not repeat the mistakes of those who have gone before.

Recommended reading:

Maslin-Prothero S & Dear S (2005) People who access services and their role in inter-professional learning. RCN International Nursing Research Conference. Belfast

Burnard, P., (1991). A Method of Analysing Interview Transcripts in Qualitative Research, Nurse Education Today, 11, 461-466

Source of Funding

Healthcare Innovation Unit, University of Southampton

4.9.2

Migration and health Impact: A population study

Michael Brown, Nurse Consultant, Faculty of Health & Life Sciences, Napier University, Edinburgh, United Kingdom

Abstract:

Background:

Today government policy is directed towards social inclusion and meeting needs within local communities. As a population, people with learning disabilities have high health needs that are frequently unidentified and unmet and experience a different pattern of health disease, with responses required from general and specialist health services. Migration is a well-understood public health concept, however within learning disabilities limited work has been undertaken to understand the phenomenon.

Aim:

The aim of this study was to identify the migrating learning disability population moving in and out of services across Scotland and the associated impact on persons with learning disabilities and healthcare services.

Methods:

Data was collected from all health and social care providers in Scotland using questionnaires and focus group approaches to identify the migrating learning disability population.

Results:

The data suggest that a significant number of people with learning disabilities with the most complex care needs are migrating in, out and across Scotland with an impact on the health and well-being of individuals and local healthcare services, with associated high financial costs.

Discussion:

There is a clear government expectation that people with learning disabilities should be part of their community and receive support locally wherever possible, however for some, often as a result of breakdown of care arrangements or due to lack of a local specialist resource migration is the reality, with significant implications for person with learning disabilities and local services due to an absence of effective assessment of needs, planning and coordination of care.

Conclusion:

Despite changes in social policy over the past decade, a significant number of people with learning disabilities are being placed out of their home area to receive care that is not available locally with an associated impact on the health status of the individual and services with implications for policy makers, commissioners and planners, local health services and people with learning disabilities and is an area requiring further research.

Recommended reading:

Bhugra D. (2005) Cultural identities and cultural congruency: a new model for evaluating mental distress in immigrants. Acta Psychiatrica Scandinavica, 111, (2): 84-93

Cooper S-A., Melville C. & Morrison J. (2004) People with Learning Disabilities: Their health needs differ and need to be recognised and met. British Medical Journal, 329, 414-415

Forsyth B. & Winterbottom P. (2002) Beds, budgets and burdens: learning disability expenditure v. workload across English health authorities. Comparative Review. British Journal of Psychiatry, 181, 200-207.

Source of Funding

None

4.9.3

Abstract withdrawn

4.10.1

The experience of boredom for patients on haemodialysis therapy

Aoife Moran, Health Research Board Clinical Nursing & Midwifery Fellow, School of Nursing, Dublin City University, Dublin 9, Ireland.
Email: aoife.moran@dcu.ie

Co authors: Anne Scott, Philip Darbyshire

Abstract:

Background:
Haemodialysis is a complex treatment, which involves the person adhering to a strict regime of dialysis, medications and dietary and fluid restrictions (Polaschek, 2003). These patients must also accept dependency on the haemodialysis machine and healthcare staff for survival (Sloan, 2002). The implications of the treatment cause life-changing issues for the person, which may affect their experience of illness.

Aim:
The aim of this study was to provide an in-depth understanding of the experience of being a patient with end stage renal disease (ESRD) on haemodialysis therapy.

Methods:
The methodology employed was interpretive phenomenology. A purposive sample of sixteen participants aged from 20-70 years was recruited. Two semi-structured interviews were conducted with each participant. Interpretive data analysis (Diekelmann & Allen, 1989) was used to analyse the data.

Results:
The findings indicated that boredom was an important factor in the participants' experience of ESRD and haemodialysis therapy. The participants described their experience of boredom as 'living a life on hold' where they felt suspended or held back from being able to live a normal life due to their illness.

Discussion:
The existing research and literature does not describe the concept of boredom in relation to the patient with ESRD. Instead, this research primarily examines boredom from a psychological perspective focusing on its causes and implications. However, little is known about how boredom is actually experienced by the person. This paper provides a phenomenological perspective of the experience of boredom as described by the participants in the study.

Conclusion:
It is anticipated that this paper will provide a deeper understanding of the experience of boredom for the person on haemodialysis therapy. The patient's experience is the most appropriate starting point for providing effective, patient-centred care. Consequently, the findings from this study could be used to improve existing healthcare strategies and contribute to evidence-informed practice.

Recommended reading:

Polaschek, N. (2003) Living on dialysis: concerns of clients in a renal setting. Journal of Advanced Nursing. 41(1):44-52.

Sloan, R.S. (2002) Living a life-sustained-by-medical-technology. Dialysis is killing me In Diekelmann, NL (2002) First do no harm. Power, Oppression, and Violence in Healthcare. Wisconsin: University of Wisconsin Press.

Diekelmann, N & Allen, D. (1989) A hermeneutic analysis of the NLN criteria for appraisal of baccalaureate programs. In Diekelmann, N; Allen, D; Tanner, C (eds). The NLN Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis. Ne

Source of Funding
The study is supported by a Clinical Nursing & Midwifery Fellowship from the Health Research Board of Ireland.

4.10.2

Developing an evidence-based: Patient experiences of ME/CFS

Sophie Staniszewska, Senior Research Fellow, Research, RCN Institute, Oxford, United Kingdom

Co authors: Carol Edwards; Jan Savage; Sally Crowe

Abstract:

Background:
Chronic Fatigue Syndrome (CFS) or Myalgic Encephalytis (ME) is a controversial condition, which can have an overwhelming impact on an individual's life. We have been developing an 'evidence-base' of patient experiences data, as part of the PRIME Project (Partnership for Research in CFS and ME), based on interviews with individuals with CFS/ME.

Aims:
To explore and understand the full range of individuals' experiences of CFS/ME.

Methods:
We used purposeful sampling to select individuals from a wide variety of backgrounds. We conducted semi-structured interviews with 38 individuals, including those often left out of past research, such as severely affected individuals, men, and younger and older people. We carried out a detailed thematic analysis of the transcribed data, underpinned by a theoretically driven analysis using critical theory.

Results:
A wide range of themes were identified which reflect the impact that CFS/ME has on people's lives. Key areas included the long-term physical limitations that CFS/ME brings, in addition to the social and emotional impacts of such an ambiguous condition. Individuals often found it difficult to secure a diagnosis and were often frustrated by health care professionals lack of knowledge. The impact of CFS/ME on severely affected individuals was profound, leading to physical and social isolation, financial concerns and sometimes, enormous despair. Interviewees often became very distressed during interviews when reporting how unsupportive health care professionals had been and often recounted how they had turned to alternative practitioners.

Discussion:
This study has identified the need for health, social care and education professionals to develop a greater understanding of the needs of people with CFS/ME.

Conclusion:
The findings provide an important evidence base, which can be used to influence the future research agenda and has important implications for the way nursing practice develops in CFS/ME.

Recommended reading:

Clarke JN, James S (2003). The radicalised self: the impact on the self of the contested nature of the diagnosis of chronic fatique syndrome. Social Science and Medicine, 57:1387-1395.

Cohn S (1999). Taking time to smell the roses: accounts of people with Chronic Fatigue syndrome. Anthropology and Medicine, 6 (2):195-215.

Bulow PH (2004). Sharing experiences of contested illness by storytelling. Discourse and Society, 15, 1: 33-53.

Source of Funding
GUS Foundation

4.10.3

Tackling depression amongst patients who have long term physical conditions

Phil McEvoy, Research Associate/Senior Community Psychiatric Nurse, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom.

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Abstract:

Background:
The delivery of healthcare to patients with long term physical conditions living in community settings is a top priority (Department of Health, 2004). However, there is a paucity of evidence about the delivery of mental health interventions, despite the high prevalence of common mental health problems and depression, in particular. Up to 40% of patients with chronic diabetes, asthma, heart conditions and endocrine disorders are affected by depression and co-morbid depression has been linked to high levels of functional impairment, poor adherence to treatment regimes and increased risk of suicide (Geerlings et al., 2000).

Aim of study:
To identify the key components that underpin effective organisational level interventions for the management of depression in amongst this client group.

Methodology:
A critical realist framework was employed. Method. A systematic review of the relevant literature was conducted using the method of realist synthesis (Pawson et al., 2004).

Findings:
Clinician education and the dissemination of guidelines are unlikely to improve outcomes unless they are backed up by a robust organisational infrastructure. Non-specialists may be able to effectively screen patients and deliver physical, psychological and social interventions for depression within a chronic disease management framework, but further research needs to be undertaken in order to examine whether these emerging models of best practice can be adapted and applied. Key issues to consider include; the organisation context in which mental health interventions are being delivered; the confounding factors that may make it difficult to identify and treat depression; the organisational barriers that may block the implementation of effective treatment models; the amount of specialist time required to back up non specialist input; and the cultural acceptability of different forms of intervention.

Recommended reading:
Department of Health (2004) Improving Chronic Disease Management. Department of Health, London.

Geerlings S., Beekman A., Deeg D., & Van Tilburg W. (2000) Physical health and the onset and persistence of depression in older adults: An eight-wave prospective community study. Psychological Medicine 30, 369-380.

Pawson R., Greenhalgh T., Harvey G., & Walshe K. (2004) Realist synthesis: an introduction. ESRC, Manchester.

Source of Funding
none

4.11.1

Cancer genetics and palliative care: Implications for practice

A. Lillie, Research and Teaching Assistant, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom.

Email: a.k.lillie@bham.ac.uk

Abstract:
The aim of this presentation is to stimulate awareness about the possible impact of cancer genetics on palliative care services. The Human Genome Project and associated scientific study has provided new insights into the causes of cancer. Cancer is now known to occur when the genome of new cells acquire alterations to the genes which control, directly or indirectly, cell proliferation. These mutations may be inherited or may occur spontaneously during cell reproduction or due to environmental and lifestyle factors (Reiger 2005). The aims of research into cancer genetics include the prevention and early identification of disease and improving the therapeutic usefulness and targeting of medication (Bell 2004). Perhaps for this reason there has been little consideration of how the new understanding of cancer genetics will affect palliative care. This paper, based on a review of the literature, highlights two issues that may impact upon future service development. I. Care of the family: This is an integral part of palliative care. What impact will the knowledge that five to ten percent of cancers are now thought to be associated with an inherited predisposition to cancer will have on the care needs of patients and families? II. Predictive Genetic Testing: This is now being undertaken in palliative care settings (Kirk 2004). Information about hereditary disease, by definition, has implications for biologically related kin. Do palliative care services have the knowledge and insight into the practical and ethical implications of this practice to support families appropriately? The knowledge of cancer genetics is rapidly increasing and the potential for cancer to be inherited has received widespread media coverage. This may significantly impact on palliative care services in the future. This presentation aims to encourage refection about the care needs of families with a history of cancer and stimulate debate about future service development.

Recommended reading:
Bell, J. (2004) Predicting disease using genomics Nature 429 (4): 453-456.

Kirk, J. (2004) The family history of cancer – a common concern in palliative care Progress in Palliative Care Vol 12(2): 59-65

Rieger, P.T. (2004) The biology of cancer genetics Seminars in Oncology Nursing Vol 20. No 3:145-154

Source of Funding
University of Birmingham, School of Health Sciences, 52 Pritchatt's Road, Birmingham B15 2TT

4.11.2

Care pathways in the hospice setting: Nurses and doctors perceptions of using the Liverpool care of the dying pathway

Barbara Jack, Reader, Health Studies, Edge Hill College/Marie Curie Centre Liverpool, Liverpool, United Kingdom.

Email: jackb@edgehill.ac.uk

Co authors: Maureen Gambles; Sue Stirzaker; John Ellershaw

Abstract:
Background:
The use of care pathways has escalated in the last decade in the UK. Within palliative care the Liverpool Care of the Dying Pathway (LCP) was originally developed to transfer best practice from the hospice setting into the acute hospital sector, and has since been modified for use in the hospice, community and nursing homes (Ellershaw and Wilkinson, 2003). This mulitprofessional pathway provides an evidence based framework for the dying phase. Providing guidance on the different aspects of care required including: comfort measures, anticipatory prescribing of medication, and discontinuation of inappropriate interventions. Additionally psychological and spiritual care and family support is included. Evaluation of the impact of the LCP within the hospital identified the value of the LCP (Jack et al 2003). This study aimed to explore nurses and doctors perception of using the LCP within the hospice setting.

Methodology:
A qualitative approach using tape recorded semi structured interviews was adopted for the study. A purposive sampling of doctors and nurses familiar with the LCP working at various grades in the hospice were invited to participate in the study. Data were analysed for emerging themes using case and cross case analysis by two researchers.

Results and Discussion:
A total of 11 interviews were undertaken (8 nurses, 3 doctors). The results suggest that the doctors and nurses, despite some initial scepticism at its introduction, have found the LCP to have a positive impact. Benefits in the continuity of care, reducing documentation and promoting the needs of the family were identified. The additional value as a tool for educating new staff and to promote research and audit were highlighted. This paper discusses the results and explores potential reasons for the findings.

Recommended reading:
Ellershaw JE, Wilkinson S (Eds) (2003) A Pathway to Excellence. Oxford University Press. Oxford

Jack BA, Gambles M, Murphy D, Ellershaw JE (2003) Nurses' perceptions of the Liverpool care pathway for the dying patient in the acute hospital setting. International Journal of Palliative Nursing 9:9 327-381

Source of Funding
none

4.11.3

Palliative care needs assessment

Sonja Mcilfatrick, Lecturer in Nursing, Department of Nursing, University of Ulster, Newtownabbey, United Kingdom.

Email: sj.mcilfatrick@ulster.ac.uk

Abstract:
Background:
Some form of needs assessment has always been necessary in health service planning. Good planning requires detailed information about the population being served alongside gaining information from listening to people, including professionals, patients or members of the public.

Aim:
The aim of this study was to undertake a population based needs assessment for palliative care services. Specific objectives for the study included undertaking an assessment of palliative care need using an epidemiological and demographic approach; identifying current palliative care service provision; examining patient and carer perspective on palliative care needs and identifying professional perspective of palliative care need. The definition of palliative care was taken to include both patients with a cancer and non-cancer diagnosis.

Methods:
This study comprised two main phases. Phase 1 involved conducting a series of 8 multi professional focus groups. Participants included specialist palliative care providers, general palliative care providers, primary care practitioners (GPS, DNs) social workers, pharmacists, and PAMS. Semi-structured interviews were also conducted with key stakeholders such as Directors of Nursing and Commissioners (n-6) for the area. Phase 2 involved conducting face to face interviews with patients (n=20) and carers (n=8) identified as having palliative care needs. All the interviews and focus groups were audio taped and transcribed verbatim. Data analysis involved thematic content analysis using the guidelines described by Burnard (1991; 1996).

Findings:
The findings highlighted various issues in the provision of palliative care. These included the need for co-ordination of care, the need for education for both general and specialist palliative care providers; difficulties with defining the term palliative care and supportive care and the need for psychological and support services for patients and carers.

Conclusions:
This study illustrates the value of a systematic process for palliative care needs assessment and has implications for the provision of targeted palliative care service.

Recommended reading:
Franks P.J. Salisbury C. Bosanquet N. Wilkinson E.K; Kite S.; Naysmith A Higginson I.J.(2000) The level of need for palliative care: a systematic review of the literature Palliative Medicine 14, 2,, pp. 93-104

Ingleton, C., Skilbeck, J & Clark, D (2001) Needs assessment for palliative care: three projects compared. Palliative Medicine. 15: 398-404.

National Institute for Clinical Excellence (2004) Improving supportive and palliative care for adults with cancer. Guidance on Cancer Services. NICE: London.

Source of Funding
MacMillan Cancer Relief and NHSSB

4.12.1

From shame and blame to playing the game - turning points in the experiences of girls who access emergency contraception on more than one occasion

Debbie Fallon, Senior Lecturer, Nursing, University of Salford, Manchester, United Kingdom

Abstract:

Background:
This paper focuses on one of the findings from a PhD study entitled "Accessing emergency contraception - a feminst analysis of the adolescent experience".

Aims:
The study overall aimed to identify common themes in the adolescents' experiences and to develop a theoretical decription of these experiences in the context of U.K health policy.

Methods:
This is a qualitative study where data was collected via 30 self complete questionairres and 30 semi structured interviews with adolescents aged 14 - 19 years.

Results:
This session focuses on one finding which discusses a progression narrative from the interviews which highlighted several turning points for adolescents who accessed emergency contraception more than once. The narrative indicates that the first access, often discussed in terms of shame, embarrassment and "getting it over with" becomes replaced with discussions about "blending in", that there are others "just like me", learning lessons and a realisation that they are not infallable.

Discussion and conclusions:
The implications of this particular finding are important for any health worker interested in understanding how difficult it is for adolescents to access emergency contraception for the first time, the strategies they use to keep the experience "contained" and the turning points they experience that help to make subsequent access easier. The paper contributes to the development of knowledge through dissemination of research experiences and previously undiscussed findings relating to the experiences of young people who use sexual health services.

Recommended reading:

Social Exclusion Unit (1999) Teenage Pregnancy London HMSO

Source of Funding
None

4.12.2

Personal accounts of motherhood in the context of sex work and drug use: A phenomenological study

Gabrielle Mcclelland, University Teacher, Division of Nursing, University of Bradford, Bradford, United Kingdom.

Email: g.t.mcclelland@bradford.ac.uk

Co authors: Robert Newell;

Abstract:

Background:
The majority of women involved in street based sex work use drugs problematically (Home Office, 2004). Violence, sexually transmitted diseases, unplanned pregnancy and child protection are some of the issues for women who sell sex and use illicit drugs (Becker, Duffy, 2002). Historically, drug services have been predominantly white male oriented focusing upon opiate use. This has served as a deterrent to women accessing drug treatment services for support, particularly women crack/cocaine users. Other common barriers are fear of child care proceedings, lack of child care to attend appointments and stigmatization. Hester and Westmarland (2004) looked at data from five sex work projects in the U.K. Nearly fifty percent of the women had at least one child and they were nearly twice as likely to be living away from their children than with them.

Aim:
The aim of this study was to enable a cohort of women to describe their personal experiences and views of motherhood in the context of problematic substance use and sex work.

Method:
The research design was qualitative and anchored in a phenomenological approach. A convenience sample of twenty women was recruited from a local street drug agency. Six focus group interviews were undertaken to elicit information. Data was analysed using constant comparative analysis.

Results:
The findings were grouped into six overarching themes. These included children and motherhood, identity, emotional responses, risks to women, personal accounts of drug use and sex work, supportive and unsupportive factors.

Conclusion:
The themes contained categories and a range of recommendations were made for each. Particular emphasis was placed upon the identification of positive strategies to support women and their children in the context of health and social care.

Recommended reading:

Becker,J. and Duffy, C (2002) Women drug users and drugs service provision: service-level responses to engagement and retention. London. Home Office.

Hester, M and Westmarland,N. (2004) Tackling Street Prostitution: Towards a Holistic Approach. Home Office Research Study No 279. London: Home Office.

Home Office (2004) Paying the price: a consultation paper on prostitution. London: Home Office.

Source of Funding
Bradford Metropolitan District Council Innovations grant

4.12.3

The journey between starting and finishing research – learning lessons along the way

Dolly McCann, Lecturer, Queen Margaret University College, Edinburgh, United Kingdom.
Co authors: Helen Smart, Alison Goulbourne

Abstract:
Published research reports rarely reflect the messiness of the research process, therefore missing out on valuable opportunities for shared learning. The result is a significant gap between what was originally planned for and the reality of the fieldwork. This can be daunting for researchers who are concerned to ensure that the quality of the research is not compromised. This presentation describes the significant challenges inherent in undertaking qualitative research with teenagers as a sample group living in a rural community.

The research project explored with teenagers their experiences of services while pregnant, giving birth and being parents to small children. This included the perspectives of teenage fathers and those of service providers. The research team were aware of sensitive issues surrounding the topic and sample group (Laybourn et al 2001). Although planning took this into account, difficulties with data retrieval within remote and rural communities were underestimated (Punch 2001).

Lessons learned from this experience will be highlighted. These will include the need to be flexible and adaptable with research approaches while ensuring the integrity of the proposal remains intact, and adhering to the stated and agreed ethical framework The importance of clear communication and open dialogue; shared decision making and continuous reflection and evaluation on progress will also be discussed. An experiential learning cycle (Kolb 1989) is used as a framework to share our learning and promote discussion of the important issues associated with doing research.

Recommended reading:

Kolb D (1984) Experiential learning as the Science of Learning and Development Prentice Hall New Jersey

Laybourn A Borland M Stafford Hill M (2201) Improving Consultation with Children and Young People Scottish Parliament: Edinburgh

Punch S (2001) 'Multiple Methods and Research Relations with Children in rural Boliva' in M. Limb and C. Dwyer (eds) Qualitative Methodologies for Geographers. London Arnold

Source of funding:
NHS Highland

Wednesday 22 March

16.15 - 17.45
Concurrent session 5

5.1.1

Undertaking factor analysis: Decisions, decisions

Anne Matthews, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin, Ireland

Co authors: P. Anne Scott; Pamela Gallager

Abstract:

Factor analysis is described by Kim & Mueller (1994 p1) as a "variety of statistical techniques" whose objective is to represent a set of variables in terms of a smaller number of underlying variables or factors. Many studies in the healthcare literature report results of factor analysis though many give minimal information with which to judge and interpret the results. Using examples from factor analyses recently undertaken in a study of empowerment in midwifery, this paper will describe the major decisions to be made while undertaking factor analysis and the key assumptions underlying factor analysis and their implications This will include addressing key questions about the suitability of data for factor analysis, the influence of sample size and case: item ratio, the types of factor extraction, the rationale for and types of factor rotation, criteria influencing the number of factors extracted, treatment of missing data, the selection of the factor loading cut-off point and other important aspects of factor analysis technique (Hair et al 1995; Pett et al 2003). This presentation will include relevant practical demonstrations using the SPSS statistical package. It will be argued that such a full understanding and reporting of the procedures involved in factor analysis is necessary for a more transparent and meaningful interpretation of factor analysis results.

Recommended reading:

Hair, J. F., Anderson, R. E., Tatham, R., & Black, W. (1995) Multivariate data analysis. Englewood Cliffs, NJ, Prentice Hall.

Kim, J-O & Mueller, C W (1994) Factor analysis: Statistical methods and practical issues. Part II in Lewis-Beck, M S (ed.) Factor analysis and related techniques. London: Sage.

Pett, M A, Lackey, N R & Sullivan, J L (2003) Making sense of factor analysis: The use of factor analysis for instrument development in health care research. California: Sage.

Source of Funding

Department of Health and Children, Ireland, via Helath Research Board Ireland

5.1.2

Using semantic differential scales as a research tool

Nicola Eaton, Professor of Nursing Practice and Education, Centre for Child and Adolescent Health, University of the West of England, Bristol, United Kingdom

Abstract:

Semantic differentials (SD) were first developed in 1957 by Osgood et al. as a reliable way to measure attitudes. They can be applied to any investigation where people's opinions on any subject are sought, and are very adaptable. Semantic differentials are "a highly generalisable technique of measurement which must be adapted to the requirement of each research problem to which it is applied" (Osgood et al. 1957, p76). They are constructed using bipolar adjectival scales, that is, an adjective and its antonym, which should be as representative as possible of all the aspects of the concept under examination. Semantic differentials scales have been shown to be effective tools for evaluating attitudes to computer aided learning (Allen 1986) and for use in cross-cultural research (Champion et al. 1987), providing the bipolar adjectives chosen can be directly translated into the relevant language and also. As with many scales, the assumption that all items are of equal weight, and that they constitute an ordinal measurement, is disputable. Their practicality lies in their ease of application and they have been found suitable for use with children and young people (Burns 1990). Two examples are highlighted in this paper. Firstly, a large project examined attitudes of health staff and parents about the care of hospitalised children in four countries. A simple scoring system, which allowed comparisons between the results from each country, was needed to examine some of the concepts under investigation. After trialling a range of methods, SDs were found to be easy to use, translated well into other languages and provided scores which were easy to analyse and compare. Secondly, a smaller project examined pre and post test attitudes to an innovative interactive video computer teaching programme. Semantic differentials are a particularly useful method for fieldwork analysis, as they can be done by hand with no computer support. They have been found to be useful for cross-cultural, quantitative studies of this kind. This paper discusses SDs, how they work, how they were trialled, reliability and validity and their usefulness in both cross-cultural and educational research.

Recommended reading:

Allen LR (1986) Measuring attitude toward computer assisted instruction. The development of a semantic differential tool. Computers in Nursing 4(4): 144-151.

Burns, RB. (1990) Introduction to research methods in education. Melbourne, Longman Cheshire.

Champion, V., Austin, J., Tzeng, O.C.S. (1987) Cross-cultural comparison of images of nurses and physicians. International Nursing Review v. 34, p 43-48.

Source of Funding

none

5.1.3

Psychosocial difficutlies in head and neck cancer: The development and validation of a measurement instrument

Lucy Ziegler, PhD Student, Department of Health Studies, University of Bradford, Bradford, United Kingdom

Co author: Rob Newell

Abstract:

Background:

In recent years there has been a growing awareness among professionals and the lay public of the psychosocial impact of the diagnosis and treatment of cancer (Hutton, 2001). Head and neck cancers account for approximately 5% of all malignant solid tumours and treatment usually requires a surgical approach,followed by radiotherapy or chemotherapy. Surgery can impair eating, speaking and swallowing and is likely to result in facial deformitie s(Dropkin,2001).Psychosocial difficulties among the head and neck cancer population are consequently relatively common place. This research study is the development and validation of a measurement instrument to identify and measure these difficulties. Existing questionnaires used within this population for this purpose arguably do not comprehensively address the issues of relevance to these patients and often are not feasible for use in the clinical setting.The development of a new questionnaire,informed by a systematic review of existing measurement instruments and a systematic review of psychosocial difficulties undertaken by the researcher was considered to be justified. Following the development of the questionnaire, a validation study was undertaken.

Method:

Two hundred of the newly developed Psychosocial Impact Questionnaires were distributed to head and neck cancer patients in order to both validate the questionnaire and determine it's suitability to patients.The sample size was been determined by the numbers required for factor analysis(Fitzpatrick, 1996).The 200 participants, identified from the NHS database receive an information sheet about the study and two questionnaires:The newly designed questionnaire and The Hospital Anxiety and Depression Scale (HADS) which is a well established and widely validated questionnaire.The purpose of distributing questionnaire 2 is to enable convergent validity of the new questionnaire to be determined.Fifty partcipants also received a second copy of questionniare 1 to enable reliability to be determined through a test-retest approach.

Recommended reading:

Dropkin, M. J. (2001). "Anxiety, coping strategies, and coping behaviors in patients undergoing head and neck cancer surgery." Cancer Nursing 24(2): 143-8.

Hutton, J. M. and M. Williams (2001). "An investigation of psychological distress in patients who have been treated for head and neck cancer." British Journal of Oral & Maxillofacial Surgery 39(5): 333-339.

Edwards, D. (1998). "Head and neck cancer services: views of patients, their families and professionals." British Journal of Oral & Maxillofacial Surgery 36(2): 99-102.

Source of Funding

University of Bradford

5.2.1

Assessing carers of people with mental health problems: Towards best practice

Julie Repper, Reader in Mental Health Nursing, School of Nursing and Midwifery, University of Sheffield, Sheffield, United Kingdom

Co authors: Peter Goward; Monica Curran

Abstract:

Background:

Family carers are pivotal to the success of community care initiatives and assessing and responding to their needs is a major policy priority. Whilst there has been much progress in this area over the last decade, reinforced by increasing statutory rights to assessment, problems remain. These problems are often particularly acute in

respect of carers of people with mental health problems (Arksey et al 2002).

Aims:
To identify the structures, processes, facilitators and barriers to partnership working between service systems and carers of people with mental health problems.

Methods:
A multi-site, multi-method constructivist design was employed involving:

- 8 consultation days with carers throughout England;
- an analysis of carer assessment documentation throughout England;
- detailed case studies of 100+ carer assessments in 10 localities throughout England purposively selected to represent differing approaches to carer assessment.

Results:
The results highlight both the strengths and limitations of current models of carer assessment, and identify what works well and what requires attention. Based on a within and across case analysis the key characteristics of successful ways of engaging with, and responding to, carers of people with mental health problems will be discussed.

Discussion and conclusions:
Tensions between carers of people with mental health problems and professionals are often exacerbated by the ways in which carers are conceptualised by service systems. However, if the government's vision of creating genuine partnerships between family carers and professionals (Audit Commission 2004) is to be realised, then a means of reducing such tensions is required. This paper will outline the facilitators and barriers to successful partnership working and suggests how the former can be enhanced, and the latter reduced.

Recommended reading:

Arksey, H., O'Malley, L., Baldwin, S., Harris, J. and Mason, S. (2002) Services to Support Carers of People with Mental Health Problems: Literature Review. Report for the NCCSDO.

Audit Commission (2004) Support for Carers of Older People. Audit Commission,

Source of Funding

Department of Health, NHS Service Delivery and Organisation National R&D Programme

5.2.2

Emergency department services for patients who have experienced domestic violence: A pilot study

Philippa Olive, Senior Lecturer, Emergency Nursing, Department of Nursing, University of Central Lancashire, Preston, United Kingdom.

Email: polive@uclan.ac.uk

Abstract:
Background:
Six percent of emergency department patients have experienced domestic violence within the last twelve months (Sethi, Watts, Zwi, Watson and McCarthy 2004. Domestic violence is associated with adverse health outcomes (Campbell 2002), not only for the person directly involved but also their children. The Department of Health (2000) placed a duty of care on emergency department staff to detect and provide interventions for patients who have experienced domestic violence. The research base is limited resulting in contradictory and ambiguous recommendations. Consequently, it is likely that there is variance in practice. Aim The aim of this research is to conduct a pilot study to measure current emergency department practices in caring for patients who have experienced domestic violence in England.

Methods:
A pilot postal cross-sectional survey was carried out. A self-administered questionnaire asking about practices in domestic violence care was mailed to the senior nurse of a 10% stratified sample of emergency departments in England. Prior to piloting the questionnaire underwent critique by an expert review panel and pre-testing with senior emergency nurses. Data were managed and analysed using the Statistical Package for the Social Sciences.

Findings:
The preliminary findings demonstrate success of the design and methods to measure services for emergency department patients who experience domestic violence. The results suggest wide levels of practice variance and inequitable health care particularly for minority groups and areas of low congruence between reported practices and the current evidence base. The findings have identified that analysis for relatedness is not feasible amongst regional groups, however relationships between department volume and practices is feasible in a main survey.

Conclusion:
Based on the preliminary findings of the pilot survey it is concluded that the main survey is undertaken to measure current practices in the care for emergency department patients who have experienced domestic violence. This conclusion is proposed with the implementation of recommendations to improve the research design and methods.

Recommended reading:

Campbell J C (2002) Health Consequences of Intimate Partner Violence The Lancet 359: 1331-1136

Department of Health (2000) Domestic Violence: A resource manual for health care professionals HMSO London

Sethi D Watts S Zwi S A Watson J McCarthy C (2004) Experience of domestic violence by women attending an inner city accident and emergency department Emergency Medicine Journal 21: 180 - 184

Source of Funding

sponsored by University of Central Lancashire

5.2.3

Research and vulnerable groups - approaching clients who self-harm in the context of A&E

Raphaela Kane, Project Manager/Lecturer, School of Nursing, Dublin City University, Dublin 9, Ireland

Abstract:
This methodological paper centres on the complex ethical issues associated with gaining access to and recruiting (for the purpose of research) from a group defined as vulnerable. The group in question are clients who attend Irish A&E departments in the Eastern region following an episode/episodes of self-harm. The content of this presentation forms part of a current doctoral research project entitled A study of Deliberate Self Harm (DSH) within the context of Accident and Emergency care: staff attitudes, current practice and patients perceptions of care.

Although a relatively new development in the Irish healthcare arena, consumer perspectives/ service users views are increasingly being sought in the development of nursing and health care practice. This leads researchers to seek to select and gain access to vulnerable groups in the interests of improved patient care. Whilst the definition of some groups as 'vulnerable' is complex in itself, research activity with vulnerable groups specifically requires sensitive and competent acknowledgement of the associated ethical and human issues and the implications for individual patients and groups. It is suggested that because of the 'stumbling blocks' associated with gaining access to such groups that the tendency is for researchers to avoid the activity. However, Weaver Moore (1999) suggests that some research questions can only be answered by members of a vulnerable group.

This paper addresses the unique challenges facing the nurse researcher in working with people who self harm, and presents the strategies undertaken in the pre investigation phase. A detailed analysis of risk to benefit ratio for participants will be presented in providing a decision-making structure for the researcher. The degree to which this strategy is successful in terms of access to and recruitment of 'subjects' is not yet evident as ethical approval is currently being sought from the relevant institutions, however, preliminary feedback will be available for the conference presentation and presented in terms of a critique of the strategies referred to above.

Recommended reading:

Weaver Moore L. Miller M. (1999) Initiating research with doubly vulnerable populations. Journal of Advanced Nursing 30 (5), 1034 – 1040.

Source of Funding

Combined award from the National Suicide Review Group, ireland and the Eastern Region Health Authority

5.3.1

A mixed methods study of hospital nurses' quality of working life in Taiwan

MingYi Hsu, Research Associate, School of Nursing. Faculty of Life & Health Science, University of Ulster, Jordanstown, United Kingdom.

Email: my.hsu@ulster.ac.uk

Abstract:
Background:
Nurses often complain of overwork and underpay. Considerable research has explored and investigated areas such as nurses' job satisfaction, stress, organisation commitment, and intent to leave. However, problems still persist. Quality of work life is a way of thinking about people, work and organisation. However, knowledge in this area in relation to the hospital nurses is limited.

Object:
The present research is to explore nurses' concepts of quality of working life and identify its categories, in order to develop a measurement for nurses.

Methods and Results:
Phase One was a field study which gave the researcher a general idea of the research population, choice of research method. The

application of focus group interviews in Phase Two identified 56 nurses' quality of working life categories. The application of exploratory factor analysis in Phase Three identified 33 factors into 6 dimensions which explained most of the variance (67.5 %) in nurses' quality of working life, and examined 25 demographic characteristics.

Conclusions:
The findings of this study confirm the importance of using methodological triangulation, incorporating qualitative and quantitative research approaches. The main recommendation is to use nurses' quality of working life for audit and continuous quality improvement especially in 8 areas of poor nurses' quality of working life. These were identified as inequitable advancement on merit, biased performance evaluation and inappropriate leisure activities arrangement, reward not equivalent to working effort, excessive workload, limited reinforcement, and indistinct job division and nursing clinical ladder (in-service education).

Recommended reading:
Kinni, T. (1998) Why we work. Training 35(8):34-40.

Lock, M. (1991) The quality of work life. Nursing Research 6(4):15-19.

Yin, J.C.T. & Yang, K.P.A. (2002) Nursing turnover in Taiwan: a meta-analysis of related factors. International Journal of Nursing Studies 39:573-581.

Source of Funding
none

5.3.2

Abstract withdrawn

5.3.3

The factors affecting work motivation among nurses: A systematic review

Kristi Toode, Assistant-Teacher, Department of Nursing Science, University of Tartu, Tartu, Estonia.

Email: kristi.toode@ut.ee

Co author: Ilme Aro

Abstract:
Background:
Ongoing changes in healthcare and enlarging quality demands have raised a question how to motivate nurses at work. A comprehensive model is still missing.

Aim:
To describe and analyse earlier studies on the factors affecting work motivation among nurses, summarise the research findings and develop a conceptual model of the factors affecting work motivation among nurses.

Methods:
Ten quantitative studies met the criteria and were included in this systematic review of literature. A content analysis was used to analyse data. The differences between the backgrounds, respondents, and methods were determined while describing earlier studies. The research findings were qualified and categorised while synthesizing the conceptual model which describes the factors affecting work motivation among nurses.

Results:
The studies concerning the factors affecting work motivation among nurses appear to be significantly varied, charging by different titles, aims, theoretical frameworks, respondents, instruments used and research findings. Relying on the research findings a conceptual model was formed in which the factors affecting work motivation among nurses were divided into fourteen sub-categories that form four main categories: the nurse's confidence in her/his power, the cognition of one's work, work characteristics and work promoting conditions.

Conclusions:
Each factor affecting work motivation among nurses is dependent on and supplementary to another. The symbiosis of the nurse's confidence in her power, the cognition of one's work, work characteristics and work promoting conditions describes the combination of all those factors affecting work motivation among nurses. If the internal resources of work motivation – the nurse's confidence in her power, the cognition of one's work – correspond to the external resources – work characteristics and work promoting conditions – the nurse will be motivated to make an effort in order to achieve the outcome.

5.4.1

A RIMARED population study on elderly people health needs in Spain. Preliminary findings

Eva Hernandez Faba, Scholarship in Nursing Research, Hospital University Vall de Hebron, Barcelona, Spain.

Email: eva.hernandez.faba@gmail.com

Abstract:
Background/objectives:
The current growth of the elderly population in the developed countries and the aging speed of the Spanish society, which is one of the highest after Japan, together with the increase in the demand of care by population has led the National Research Network for Elderly Care (RIMARED) to perform a study in order to determine health needs and the effectiveness and efficiency of care delivered to people of 65 and over from a holistic approach encompassing elderly people daily situations together with those of their caregivers and health professionals and institutions around them.

Methods:
Observational, descriptive and transversal study within the Spanish urban territory. Subjects of study: 5,044 non-institutionalized people of 65 and over and their principal caregivers, which were contacted through a home interview. Two-phase stratified sampling.

Findings:
During the first data collection period, 1,085 surveys have been performed. These are the findings: 4.7% of those polled have a caregiver and 4.9% is a caregiver. 94% of the elderly people pass the Pfeiffer test and do not need any help to answer the questionnaire. The average age is 75 (SD 6.58 [68.42-81.58]), 52.6% being younger than 75. 58.6% are women. Only 12.7 % are high school graduates or have higher education degrees. 16.2% needed home attention in the last year and 7.1% have received some kind of help material at home. 24.6% suffer from Urinary Incontinence and 13.4% have had a fall during the last six months, being only 2.1% the percentage of pressure ulcers within this period. 22.8% of those polled have heard about the living will and 91% do not know about the existence of the Charter of Patients' Rights and Duties.

Conclusion:
The high percentage of elderly people who pass the Pfeiffer test and the low rate of people having and informal caregiver show that, for the moment, their state of health is good. Furthermore, the extent to which elderly people know of the existence of the Charter of Patients' Rights and Duties is very low.

Recommended reading:
Puga MD. (2002). Dependencia y necesidades asistenciales de los mayores en España. Previsión al año 2010. Madrid: Fundación Pfizer

Instituto Nacional de Estadística. (2004). Consecuencias del envejecimiento de la población: el futuro de las pensiones. Indicadores Sociales de España 2004. Madrid: INE. [electronic version]

Source of Funding
Institute of Health Carlos III

5.4.2

Using emancipatory action reaserch to improve care for older people in an acute care setting

Joanne Odell, Project Lead-Care of Older People, Governance Directorate, Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom.

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Co authors: Ruth Sanders; Joy Holbrook

Abstract:
Background:
As Brown et al. (2003) describe, older people comprise the majority of patients in the acute hospital care setting, but they often have a poor experience, compared with other age groups. This is one of the issues that the National Service Framework(NSF) for older people (D.O.H. 2001) sets out to tackle. As a result of funding by the D.O.H. to support the implementation of Standard 4 of the NSF, this innovative project (Oct 2004 to March 2006) was set up.

Aim:
The aim of this study is to raise the standard of care for older people in one acute hospital trust.

Methods:
Emancipatory action research methodology was chosen as this is a powerful tool for change and improvement at a local level and is designed to bridge the gap between research and practice(Cohen et al,2000). Six pilot areas are involved, enabling focus whilst ensuring an adequate number of wards participating to test transferability/applicability. From these areas, 12 senior nursing staff (H –E grades) have undertaken a development programme to become Older Persons Champions. This network of older persons champions now act as facilitators of a change, in their area. One aspect of improvement of care for the older person was identified by the champion following three assessments of care within their own clinical area. Work-based projects are supported by action learning groups for both the champions and the clinical areas. The four cycles of action research are: Engaging the stakeholders-Oct 2004-Jan 2005 Preparing the champions -Feb 2005-July 2005 Action learning and critical companionship -August 2005-March 2006 Celebration and achievements-Jan-March 2006 Fourth Generation evaluation (Guba and Lincloln, 1989) has been used as a tool to engage the key stakeholders and to compliment the action research principles of participative and collaborative enquiry. This presentation will outline the key results and conclusions from this action research.

Recommended reading:
Brown KRyan JSolomon JLloyd ABene JGrant M 2003 Promoting autonomy and independence for older people in acute hospital care. Bolton Hospitals NHS Trust, University of Salford and Foundation of Nursing Studies.From website http://www.fons.org/projects/prom

Cohen L,Manion L,Morrison K 2000 Research methods in Education, 5th edtion, Routledge/Falmer, London and New York

Guba ELincoln Y 1989 Fourth Generation Evaluation,Sage Publications, USA

Source of Funding
DOH funding for practice development project. Action Research being carried out in addition to project.

5.4.3

A descriptive quantitative study that explored nurses knowledge of the use of neuorleptic drugs with older people

Christine Smith, Director of Primary Care and Community Nursing, School of Nursing and Midwifery, Cardiff University, Cardiff, United Kingdom.

Co authors: Sherrill Snelgrove; Christopher Armstrong Esther

Abstract:
Background:
Previous research has documented the widespread use of neuroleptic drugs by nursing staff with older persons, as well as the existence of common and serious side effects. Little research has been conducted on how much knowedge nursing staff working with older persons actually have about the use of neuroleptic drugs. This research will contribute to the development of knowledge and practice in the use of neuroleptic drugs. Little research has been conducted in this area, Kennedy and Mion (1999) found that only 27% of nursing staff in their survey felt they were satisfied with the education they received related to neuroleptic drugs.

Objectives:
The objectives of this study was to determine the knowledge, of a sample of UK nursing staff working with older people, regarding neuroleptic drugs. Design A simple descriptive study was used for this exploratory study.

Settings:
The study was conducted in three units within a psychiatric hospital specialising in the care of older people, and four nursing homes and residential homes. Participants Questionnaires were distributed to 100 nursing staff within a variety of settings, and 57 questionnaires were fully completed.

Method:
A questionnaire based upon U.S. legislation and voluntary guidelines for drugs and dementia developed by the UK advocacy group Age Concern was distributed to nursing staff in various settings. Staff were invited to complete the survey voluntarily and returned to the researchers in sealed envelopes.

Results:
Neuroleptic use was substantial within the settings, with 43.7% of patients and residents receiving neuroletic drugs, for an average length of 1.8 years. Nursing staff participants revealed a number of significant knowledge gaps, particularly with regard to appropriate indications for nuroleptic drugs with older people, and with side effects. The results suggest there is a need for further education to deal with the knowledge gaps for nurses. This study is important when placed in context of the considerable use of these drugs, and the corresponding high incidence of side effects, further research is clearly warranted.

Recommended reading:
Kennedy, M. M. and Mion, L.C. (1999) Neuroleptic therapy:How much do nurses know? Journal of Gerontological Nursing, 22 (12), 7-13.

Levenson, R. (1998) Drugs and Dementia: A guide to good practice in the use of neuroleptic drugs in care homes for older people. London: Age Concern.

Mc Shane, R. Keene, J. Gedling, K Fairburn, C.J acoby, R.J. and Hope, T. (1997) Do neuroleptic drugs hasten cognitive decline in dementia? Prospective study with necropsy follow up. British Medical Journal, 314, 266-70.

Source of Funding
Swansea University

5.5.1

Patients' psycho-social state and power of knowing-participation in their recovery following a stroke

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Co authors: Brendan McCormacK; W George Kernohan.

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Abstract:
Background:
Stroke is one of the major causes of disability and death among older people. The impact of stroke on the emotional and psycho-social status of patients is significant. However, no study has, to our knowledge, explored the relationship between psycho-social functioning and empowerment following an acute stroke.

Aim:
This paper reports a study exploring patients' psycho-social state and power of knowing-participation in their own recovery following a stroke during hospitalisation.

Method:
A total of 40 patients who had an intracerebral infarction were selected using purposive sampling. Structured questionnaires were distributed to explore their family support, social support, self-confidence, and depression and helplessness. Barrett's "Power as Knowing-participation in Change Tool (PKPCT)' was used to explore patients' power.

Results:
Social support, power as knowing-participation in change, and family support were the major predicting factors of patient-perceived self-confidence and accounted for 50% of the variance. Power as knowing-participation in change and social support were two significant factors accounting for 38% in predicting patient-perceived depression and helplessness.

Conclusion:
Patient-perceived family support, social support, and power as knowing-participation in change were found to be closely related to patient-perceived self-confidence, depression and helplessness. These findings indicate that the assessment of psycho-social functioning among stroke patients should include evaluation of personal factors, such as health-related characteristics, background characteristics, patients' power to create a specific change, psychological reaction, as well as social factors, for example, family support, social support. Relevance to clinical practice. Nurses need to have an understanding of the psycho-social state of patients suffering from a stroke. They can then provide effective support and patient-focused care to meet patients' psycho-social needs.

Recommended reading:
Barton J., Miller A., & Chanter J. (2002) Emotional adjustment to stroke: a group therapeutic approach. Nursing Times, 98(23), 33-35.

Wyller T.B., Holmen J., Laake P., & Laake K. (1998) Correlates of subjective well-being in stroke patients. Stroke 29, 363-367.

Barrett E.A.M., & Caroselli C. (1998) Methodological ponderings related to the power as in change tool. Nursing Science Quarterly 11(1), 17-22.

Source of Funding
None

5.5.2

Perceptions of psycho-social adaptation among older people in Taiwan following stroke

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Co authors: Brendan McCormack; W George Kernohan

Abstract:
Background:
The impact of stroke on the emotional and psycho-social status of patients is significant. The theory and knowledge relating to the consequences of a stroke and the psycho-social needs of patients with stroke are becoming increasingly important. To date, there appear to be relatively few qualitative-based studies relating to stroke patients' psycho-social adaptation processes that shed light on this topic.

Aim:

The aim of this paper is to understand hospitalised stroke patients and their perceptions of their psycho-social adaptation.

Method:
A total of fourteen patients who had an intracerebral infarction were interviewed using semi-structured interviews on two occasions. Barrett's power theory was used to help organise and summarise interview data. NUD*IST software and cognitive mapping were used to manage and present findings.

Findings:
The central phenomena that emerged from the interviewed data was 'Psycho-social adaptation following a stroke'. Other main categories linked to and embraced within this phenomena were: function of social support; perception of family support; nature of awareness; type of choices; degree of freedom; manner of involvement; gain-related psychological reactions; and loss-related psychological reactions.

Conclusion:
A meaningful future for stroke patients depends on their psycho-social adaptation, which can be achieved through having them actively involved in their recovery and through the receipt of focused support. The findings support the conceptualisa-

tion of psycho-social adaptation of stroke patients based on Barrett's power theory. Relevance to clinical practice. If nurses have an understanding of patients' psycho-social adaptation processes following a stroke during hospitalisation, they can help to incorporate patients' internal strength and external resources into the plan of care, thus providing effective psycho-social support and person-centred care.

Recommended reading:

Burton C.R. (2000) Living with stroke: a phenomenological study. Journal of Advanced Nursing 32(2), 301-309.

Hafsteinsdóttir T.B., & Grypdonck M. (1997) Being a stroke patient: a review of the literature. Journal of Advanced Nursing 26, 580-588.

Doolittle N. (1992) The experience of recovery following lacunar stroke. Rehabilitation Nursing 17, 122-125.

Source of Funding
None

5.5.3

A comparison of stroke risk factors in women with and without disabilities

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Abstract:

Statement of the problem:
Stroke is the third leading cause of death in the United States and world wide. Little research has addressed stroke health risks in women with and without disabilities, making it difficult to provide appropriate and specific education and counseling to reduce risk factors in these distinct groups.

Methodology:
The purpose of this study was to compare women with and without disabilities on modifiable risk factors for stroke. This descriptive study was designed to determine if the two groups differed in self-reported rates of hypertension (HTN), transient ischemic attack (TIA), atrial fibrillation, diabetes, or other modifiable risk factors; or in the mean systolic or diastolic blood pressure taken the day of screening.

Analysis:
Data were collected on the modifiable risk factors at a variety of health promotion conferences. The primary instrument for this study was the Stroke Risk Screening tool, SPSS was used for analysis of the data.

Findings:
A total of 204 women with a mean age of 56 years participated. Of the 204 participants, 126 reported some type of disability and 78 reported no disability. The mean systolic blood pressure taken on the day of the screening was 131 and the mean diastolic blood pressure was 76. Approximately 91% reported they did have medical insurance, 95 % reported having a primary health care provider, and 92% reported having seen their primary health care provider in the past year. Self-reported rates of hypertension (HTN), transient ischemic attack (TIA), atrial fibrillation, diabetes, and other modifiable risk factors differ in men and women.

Implications:
This information can be used to develop targeted health promotion interventions to decrease stroke risk in the population of women with and without disabilities.

Recommended reading:

Clancy, C. M. and Andresen, E. (2002) The Milbank Quarterly, 80.

Haseltine, F. P. and Jacobson (Eds.) (1997) Women's Health Research: A medical and policy primer, Health Press International, Washington DC.

Clancy, C. M. and Andresen, E. (2002) The Milbank Quarterly, 80.

Source of Funding
Supported bythe Research Seed Fund of the Health Promotion for Women with Disabilities Project of Villanova University College of Nursing, funded by Bristol-Myers Squibb Foundation.

5.6.1

No Worries! Young people's perspectives on a nurse led drop in service

Debra Salmon, Reader in Community Health Studies, School of Maternal and Child Health, University of the West of England, Bristol, United Kingdom

Co author: Jenny Ingram

Abstract:
Teenage pregnancy and parenthood are key public health and inequalities issues, as are growing rates of sexually transmitted infection in young people. The development of young people's services is a cornerstone of the national teenage pregnancy and sexual health strategies (DH 2001). This paper describes an evaluation of young people's views of "No Worries" an innovative nurse led drop-in service in South West England. Data were collected from 154 young people (232 attendances), using a validated survey (88.5% response rate) and in-depth interviews with 18 respondents (14-18 years). Young people from a range of socio-economic and family backgrounds were recruited from 3 clinic sites over two months. Activity data recorded clinical reasons for attendance and the survey focused on biographical and sexual activity, views of the clinic visit and service. Interviews explored reasons for attendance; strengths and weaknesses of the service; impact on sexual health behaviour and confidence. Quantitative data were analysed using descriptive statistics, interviews were content analysed for emergent themes using a three stage process (Alvesson and Sköldberg 2000). Young people attended for the following reasons: oral contraception (25.4%), condoms (48.7%), Depo-Provera (8.2%), emergency contraception (5.2%) swabs (7.8%) and pregnancy tests (11.2%). Differences were identified in contraceptive use with young people from lower social classes using fewer condoms. Young people felt the service was relaxed, well equipped and cheerful. Importantly, respondents experienced attitudes of clinic staff towards them as very positive and approachable. 93% felt it was important to have specialist services for young people and infection testing and contraception in one place. Proximity of the clinic to home and school combined with the culture of "No Worries " as non-judgmental, confidential, accessible and approachable were seen as key to success. This evaluation raises questions about how these positive characteristics may be transferred across services regionally and nationally.

Recommended reading:

DH (2001) The national strategy for sexual health and HIV. HMSO. London

Alvesson M & Skoldberg K (2000) reflexive methodology. Sage. London

Source of Funding
Faculty of Health & Social Care, UWE

5.6.2

Abstract moved

5.6.3

Abstract withdrawn

5.7.1

A Q methodology study of women's experiences of enduring postnatal perineal morbidity

Sandy Herron-Marx, Lecturer/Researcher, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom

Co author: Amanda Williams

Abstract:

Background:
Evidence shows that women experience enduring postnatal perineal morbidity (EPPM) following childbirth (e.g. incontinence, pain and sexual morbidity) (MacArthur et al, 1991, Glazener et al, 1993). Very little research has explored how women experience this morbidity. This has affected the level of postnatal service provision.

Aims:
To explore women's experiences of EPPM.

Methods:
A retrospective Q methodology study of postnatal women at eighteen months postpartum in two maternity units within Birmingham. Women were self-identified by expression of interest as part of their earlier involvement in a retrospective cross-sectional community survey. 20 women responded to the invitation. All 20 women were interviewed as stage 1 of the study and 14 completed the response grids in stage 4 (response rate 70%).

Findings and Discussion:
Five factors were identified. Women varied in their experiences of EPPM with some having minor problems with little impact on daily living whilst others were affected significantly. Impact of EPPM included inability to do exercise, shopping and a feeling of being unable to fulfil their 'role' as 'mother' and/or 'wife'. Some women accepted their morbidity, normalising their condition as a consequence of childbirth. Whilst others were less accepting, describing their situation as 'annoying' and 'upsetting'. Women described this morbidity as being a 'taboo' subject that was not discussed with their partner/families or healthcare professionals; leaving them feeling isolated. Women highlighted the lack of service provision for these problems and stated that it should become a health care priority.

Conclusion:
While some women have minor perineal morbidity following childbirth, a significant number of women experience EPPM that requires medical and social attention. Further research into women-centred postnatal outcomes is needed and accessible and

focused service provision should be developed and evaluated appropriately.

Recommended reading:

Glazener C, Abdalla M, Russell I et al. (1993) Postnatal Care:a survey of patient's experiences. British Journal of Midwifery. Vol. 1 (2) P67-74.

MacArthur C, Lewis M and Knox EG. (1991) Health After Childbirth. London, HMSO.

Oakley, A. (1979) The baby blues. New Society. P11-12.

Source of Funding
FRESH Funding

5.7.2

A qualitative study investigating emotional well- being and support needs of new parents

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Email: amy.mcpherson@nottingham.ac.uk

Co authors: Sarah Moreton; Lyn Arrowsuch; Mark Avis

Abstract:

Background:
The transition into parenthood is often a stressful period and can result in a woman experiencing depressive symptoms (Nærde et al, 2000). However, women whose symptoms do not meet criteria for a diagnosis of post-natal depression often go unidentified, despite experiencing considerable distress (Lanzi et al, 1999). There is evidence that maternal distress is associated with poorer physical and psychological outcomes for both women and their children (Orr & Miller, 1995). Little research has investigated the needs of women with mild depressive symptoms, although some work has looked at social support in the recovery from depression.

Aims:
To identify the emotional needs of new parents and investigate community resources that women may find helpful to minimise distress.

Methods:
Focus groups and individual interviews were conducted, transcribed and analysed using an Interpretative Phenomenological Approach.

Results:
Two focus groups, recruited from local parent support groups, were conducted with seven women in each. Individual interviews were conducted with a further five women from three SureStart areas in Nottingham who had experienced postnatal distress and received support from SureStart.

Discussion:
Three themes emerged from the data:

1) Dissonance between expectations and experiences of motherhood and feelings of failure;

2) An emphasis on physical health over mental health during interactions with Midwives and Health Visitors and lack of information on emotional well- being; and

3) The positive impact of community resources in helping to promote coping strategies, overcome isolation and build confidence.

Conclusions:
This work provides an understanding of how mothers' emotional well-being can be promoted. Local support networks are important in addressing social isolation and increasing self-confidence. Many mothers felt that emotional well-being is not properly addressed by Healthcare Professionals and further work is needed to integrate provision for women's emotional and physical needs.

Recommended reading:

Lanzi, R.G., Pascoe, J.M., Keltner, B. and Landesman Ramey, S. (1999) Correlates of Maternal Depressive Symptoms in a National Head Start Program Sample. Arch Paediatric and Adolescent Medicine; 153:801-807

Nærde, A., Tambs, K., Mathiesen, K.S., Dalgard, O.S. and Samuelsen, SO (2000) Symptoms of anxiety and depression among mothers of pre-school children: effects of chronic strain related to children and child care-taking. Journal of Affective Disorders, 58,

Orr, S.T. and Arden Miller, C. (1995) Maternal Depressive Symptoms and the Risk of Poor Pregnancy Outcome: Review of the Literature and Preliminary Findings. Epidemiologic Reviews Vol. 17, No 1, 165-171

Source of Funding
Local SureStart programmes

5.7.3

Patterns of breast-feeding in a UK longitudinal cohort study

David Pontin, Principal Lecturer, Faculty of Health & Social Care, University of the West of England, Bristol, Bristol, United Kingdom

Co authors: Pauline Emmett, Colin Steer, Alan Emond, and the ALSPAC Study Team

Abstract:

Background:
Although exclusive breast-feeding for up to 6 months is recommended in the UK, there is little information on the extent of exclusive breast-feeding due to confusion over its precise definition.

Aim:
To assess the WHO recommendation for exclusive breastfeeding to 6 months against the feeding practice of a representative UK cohort. To assist breast-feeding supporters to target their activities at appropriate times during the first 6 months of infant life

Methods:
This study has taken the WHO definitions of breast-feeding and investigated breast-feeding rates in the first 6 months of life in infants born to mothers enrolled in a representative, population-based cohort study-the Avon Longitudinal Study of Parents and Children [ALSPAC].

Results:
Information about breast-feeding and introduction of solids was available for 11344 infants at 6 months of age (81% of live births). Exclusive breast-feeding declined steadily from 55% in the first month to 31% in the third, and fell to 9.6% in the 4th month mainly due to the introduction of solids to the infants. In the first two months, complementary feeding (breast and formula) was used in combination and declined from 22% in first month to 17% in the second due to a switch to formula only. Bottle feeding increased steadily from 22% in the first month to 67% by the seventh, but this obscured the change from formula only to formula plus solids, a change which started in the third month and was complete by the fifth. Categories in the WHO definitions, such as complementary feeding and bottle feeding, were too ill-defined to be very helpful.

Discussion:
Women who have doubts about the value of breast milk or their ability to provide it, may give up breast-feeding early on. These mothers should be targeted for education and support by midwives and health visitors. Other reasons behind giving up early include perceived lack of supply, poor attachment of the infant to the breast, and localised problems which can be successfully treated. Although the number of women who are likely to exclusively breastfeed up to 6 months will remain small, it should be possible to increase beyond 33% the proportion of women who breastfeed with other forms of nutrition to 6 months. Professionals should actively support women in exclusive breast-feeding until the children reach 16 weeks when weaning foods and other drinks may be introduced. However, it is necessary to continue breast-feeding until 6 months to get the full benefits of breast milk, and professionals need to encourage mothers to maintain some breast feeding during the weaning period between 4 and 6 months.

Conclusions:
A more complete understanding of weaning patterns will enable health professionals to target interventions when supporting mothers. These interventions should aim to increase the duration of breast-feeding and the extent of exclusive breast-feeding and to delay the introduction of solids to formula-fed infants.

Recommended reading:

Scientific Advisory Committee on Nutrition 2001 Optimal duration of exclusive breastfeeding and introduction of weaning. London, SACN

Sachs M 2002 Exclusive Breastfeeding. MIDIRS Midwifery Digest 12:2, 244-248

Sikorski J, Renfrew M, Pindoria S & Wade A 2002 Support for Breastfeeding Mothers [Cochrane Review]. In: The Cochrane Library, Issue 4. Oxford, Update Software

Source of Funding
None

5.8.1

An ethnographic study of patient care on a trauma unit

Liz Tutton, Tutton: Research Fellow Trauma Unit /RCN Institute, Oxford; Langstaff: Head Nurse, Trauma Unit, John Radcliffe, Oxford, RCN Institute, Royal College of Nursing, Oxford, United Kingdom.

Email: Liz.tutton@rcn.org.uk

Co author: Debbie Langstaff

Abstract:

Background:
The experience of a traumatic injury and subsequent hospitalisation can have a devastating affect on patients and their subsequent lives. However we have little evidence of how patients experience this part of their care or how staff experience their work in this speciality. Insights gained will inform our understanding of patient centred care and staff support. This paper demonstrates how nursing research can evolve within an interdisciplinary research strategy.

Aims:
This study extends existing knowledge of patient centred care by exploring the experience of patients and staff on a trauma unit.

Methods:
The study took place on the trauma unit in Oxford. Ethnography was the methodology. Qualitative interviews with 40 patients and 20 staff, 16 sessions of observation and two focus groups were undertaken. Data were analysed line-by-line and coded using QSR N6 as a means of managing the data.

Results:
Patient identified themes included: the experience of the event; living in hospital; the nature of care as therapeutic or non-therapeutic; and the process of understanding in relation to the affect of injury upon their lives. The staff themes focused on: the proactive dynamic approach to care underpinned by keeping expert practitioners in practice; the autonomous nature of the work; team work; the emotional nature of the work; and boundary work that took place between the unit and the wider organisation. Discussion The discussion focuses on how patients and staff make sense of their experiences and how the culture of the unit aimed to maximise opportunities for therapeutic interventions.

Conclusion:
The study suggests that key elements, such as a proactive approach to care, do facilitate patient centred practice but how this is maintained and sustained over time within large organisations with competing agendas is a critical issue.

Recommended reading:
Binnie, A. Titchen, A. (1998) Patient-centred nursing: an action research study of practice development in an acute medical unit, Oxford: RCN Institute.

Cox, H. Turner, D. & Penney, W. (2002) Narratives of recovery from traumatic injury: issues in the nursing care of patients in rehabilitation, JARNA, 5(5), 8-15.

Edwards, C. (2002) Transformation of opinion within the patient's process of reflection on healthcare, Unpublished PhD, Royal College of Nursing Institute, Oxford, University of Manchester.

Source of Funding
Charitable

5.8.2

Transfer from cardiac Intensive care: Is there room for improvement?

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Abstract:
The transfer out of Cardiac Intensive Care (CICU) is a major step in the patient's recovery from cardiac surgery. Previous research examining transfer has focused on the General Intensive Care environment(Cutler and Garner 1995, McKinney and Deeney 2002). This study set out to explore the move from CICU to a cardio-thoracic ward. This was achieved by eliciting the experiences of the patient, the CICU nurse transferring him and the Ward nurse receiving him. Design: Qualitative, using semi-structured interviews. Access: Ethical and research governance approval obtained. Sampling: Purposive sampling of five patients, and the CICU and Ward nurses directly involved with each transfer. Analysis: Burnard's (1991) 14 stage analysis. Results. Patients, despite being fully articulate and orientated, recall very little of their transfer. Their attention focuses on issues, such as their tablets or belongings. All nurses consider transfers to be demanding, because of the pressure to accommodate operating lists. Whilst the two groups of nurses had different perspectives about transfers, they make strenuous efforts to work collaboratively. On-going education and reflection emerged as key to developing transfer skills, despite the introduction of learning packages and competencies over recent years.

Conclusion:
Each transfer is a unique experience for both patients and nurses. Whilst patients have every confidence in their nurses, the nurses find transfers an ongoing challenge. The provision of additional educational opportunities and clinical supervision are vital to both maintain and improve the transfer process between CICU and a cardio-thoracic ward At the end of the presentation, participants will be able to: Be conversant with the patient's perspective of transfer from CICU. Describe the differences and commonalities between the experiences of the CICU and Ward nurses. Identify activity which may improve the transfer process.

Recommended reading:
Burnard P. 1991. A method of analysing interview transcripts in qualitative research. Nurse Education Today 11(1) pp25 - 9.

Cutler L. and Garner M. 1995. Reducing relocation stress after discharge from the intensive therapy unit. Intensive and Critical Care Nursing 11 pp 333-335.

McKinney A. and Deeney P. 2002. Leaving the intensive care unit; a phenomenological study of the patients' experience. Intensive and Critical Care Nursing 18 pp 320 - 331.

Source of Funding
none

5.8.3

Critical reality: Nurses' use of knowledge and the biological sciences in critical care clinical decision making

Lorna O'Reilly, Academic Programme Leader, School of Health Studies, Homerton College, Cambridge, United Kingdom

Abstract:
This paper presents an ethnographic study in part fulfilment of a masters degree. The study investigates the kinds of knowledge which critical care nurses use in forming decisions about patients, during acute events, and in particular the role of biological knowledge in those decisions. Nurse educators support the assumption that nurses need to have a foundation in the academic disciplines in order to contribute to their body of knowledge (Girot 2000). Allied to this is the view that knowledge of biological sciences is essential for competent nursing practice (Clancy et al 2000). However, despite recent policy emphasising the autonomous role of critcal care nurses (DOH 2000), there are local concerns that decision making skills acquisition is still exercised to a disappiointing degree. Additionally, when teaching local critical care students, they often appear unable to apply science concepts to their decision making. The study is based on the assumption that to be of value, the local critical care course should make closer links to practice, both within the classroom and in clinical practice.

The methods used involved participant observations and semi structured interviews with three participants. These individuals were qualified nurses, who had completed the local critical care course six months to one year prior. Valuable cultural themes emerged form the data analysed, through employing Spradley's (1979) ethnographic analysis model. The findings will be briefly presented; I will focus on the limited use of biological information, and the role conflicts experienced when attempting to engage in the decision making process. Finally, my experiences as the researcher will be included, to demonstrate how I discovered a complex reality beyond my own arbitrary and simplistic categories. This reality revealed that not all knowledge required for decision making can or should come from education and training.

Recommended reading:
Clancy J, McVicar A, bird D (2000) Getting it right? An exploration of the issues relating to the biological sciences in nurse education and nursing practice. Jouirnal of Advanced Nursing;32(6):1522-1532

Department of Health (2000) Available adult intensive care and high dependency provision;England:NHS Executive, Leeds

Girot E (2000) Gratuate Nurses:critical thinkers or better decision makers? Journal of Advanced Nursing;31(2):288-297

Source of Funding
none

5.9.1

Nurses' assessment work with patients receiving palliative outpatient chemotherapy: A realist evaluation of the impact of an assessment tool

Catherine Wilson, Nurse Researcher, Adult Nursing, City University, London, United Kingdom

Co authors: Rosamund Bryar; Anne Lanceley; Jane Maher

Abstract:
Background:
Improving the assessment of cancer patients' needs through skills training and the use of assessment tools is a priority (NICE 2003). Recent studies have explored the use of quality-of-life tools in oncologists' clinics (McLachlan et al 2002; Velikova et al 2003), but little research has been carried out among cancer nurses. Even less is known about patients' perspectives of structured assessment, and its effect on the assessment conversation. This study set out to explore these issues.

Methods:
A realist evaluation with a before-and-after design was undertaken in two outpatient chemotherapy units in different hospitals. Qualitative methods (non-participant observation, audio-recording, and individual interviews) were used. In Phase I the nurses assessed patients according to 'usual practice'. In Phase II the same nurses used an assessment tool following training. Patients receiving palliative chemotherapy were recruited; the assessment conversation was tape recorded and observed, and afterwards, separate interpretive interviews were conducted to ascertain the participants' perspectives of the encounter. Data was analysed thematically using NVivo software, and the findings explained using social organsiation theory.

Results:
38 patients and 8 nurses took part in the study. Phase 1 assessments were categorised as 'Information Work', driven by the nurses' need to complete the safety, technical and bureaucratic aspects of their role. Patients were also seeking

information to clarify their symptoms. Phase 2 assessments were categorised as 'Articulation Work', and were concerned with patients' descriptions of their illness and treatment experiences. Patients valued the tool, but the nurses had reservations about its usefulness. The personal, educational and organisational implications of the tool will be described.

Conclusion:
Valuable insights into the impact of introducing a structured assessment tool into a busy clinical area have been gained. The lessons learned from this study will be of interest to other nurses, managers, educationalists and policy makers.

Recommended reading:
National Institute for Clinical Excellence (2003) Guidance for the Configuration of Supportive and Palliative Care Services for Cancer Patients. Dept Health, London

McLachlan S, Allenby A, Matthews J, Wirth A, Kissane D, Bishop M, Beresford J, Zalcberg J (2002) Randomised controlled trial of co-ordinated psychosocial interventions based on patient self-assessments versus standard care to improve the psychosocial func

Velikova G, Booth L, Smith A, Brown PM, Lynch P, Brown JM, Selby P (2003) Measuring quality of life in routine oncology practice improves communication and patient well-being – a randomised controlled trial JOurnal of Clinical Oncology 22:4 714-724

Source of Funding
Dr Jane Maher; North and East Herts NHS Trust. Band Trust/Florence Nightingale Foundation Scholarship

5.9.2

Tips on eating for patients with advanced cancer: Findings from an exploratory study

Jane Hopkinson, Senior Research Fellow, School of Nursing and Midwifery, University of Southampton, Southampton, United Kingdom.

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Co authors: David Wright; Claire Foster

Abstract:
Background:
Internationally there is interest in supporting self-management, as a way of helping people to live with illness. One way of supporting self-management is to offer information that can widen choices available to patients (Lorig, 2003). Yet little research based evidence is available to underpin information made available to people with advanced cancer who are experiencing eating difficulties.

Method:
The primary research was an in-depth exploration of weight loss and eating difficulties in people with advanced cancer. The patient participants were receiving palliative home care in the South of England in 2003. Methods of data collection included semi-structured interviews with 30 purposively selected patients. A topic explored was change in food preferences and what patients found helpful when living with these changes. A secondary content and thematic analysis was conducted on this data about food intake. It was informed by Humanistic Nursing Theory (1976), which postulates that patient experiences are a source of information that can inform knowledge and practice development.

Findings:
The 30 patients described many changes in their food intake as problematic. Difficulties arose in consequence of change in, 'the desire to eat', 'taste', 'texture' and 'smell'. Collectively the patients were able to suggest different ways of adapting to and living with altered preferences for food. This paper will present these as 'tips on eating for patients with advanced cancer'.

Conclusions:
The research has collated patient experiences to develop the first package of tips on eating for people with advanced cancer. Further research is needed to find out if this information, when offered as support to patients, helps them to self-manage any eating difficulties they experience.

Recommended reading:
Lorig et al. (2003) Self-Management Education: History, Definition, Outcomes, and Mechanisms. Annals of Behavioural Medicine. 26(1) 1-7

Paterson and Zderad (1976) Humanistic Nursing Theory. Wiley and Sons. New York.

Source of Funding
Macmillan Cancer Relief

5.9.3

The experience of carers caring for palliative care patients with primary malignant glioma

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Abstract:
Survival for people with primary malignant glioma (PMG) is limited, with treatments palliative rather than curative. Patients with PMG may suffer multiple and complex symptoms making this group of patients unique. Responsibility for care lies, primarily, with those closest to the patient. Brain tumour diagnosis can have a devastating effect on the family leaving them in a state of crisis. However, there is a paucity of evidence identifying carer experiences and their service needs. An initial retrospective casenote review of PMG patients referred to the Hospice in 2002 was completed. The review aimed to identify the provision of supportive hospice services for these patients and their families. It highlighted the patients' rapid decline and extensive disabling symptoms. The general lack of rehabilitation services, the limited use of day care and respite facilities reflected the limitations of Supportive and Palliative Care (SuPaC) provision. The second phase of this project used phenomenological interviews to explore the meaning and lived experiences of caring for patients with PMG. Carers were identified when new patients were referred to the Hospice Community Team. Recruitment took place over a 4 month period, with 5 carers agreeing to participate. Recruitment was problematic and illustrative of the difficulties of researching in palliative care. Thematic data analysis revealed emerging themes; these included the notion of frustration, selflessness, the impact of relationships on the caregiver role, and future uncertainty.

Further study is needed to further map carer experiences, need and impact on quality of life. A third phase is currently in development and hopes to extend the study to involve carers accessing other SuPaC services. It is envisaged that this phase would encompass a mixed methodology, including qualitative and quantative methods.

Recommended reading:
Corben V 1999 Misusing phenomenology in nursing research: identifying the issues Nurse Researcher 6(3) 52-65

Strang S, Strang P 2001 Spiritual thoughts, coping and sense of coherence in brain tumour patients and their spouses Palliative Medicine (15) 127-34

Wideheim A, Edvardsson T, Pahlson A, Ahlstrom G 2002 A family's perspective on living with a highly malignant brain tumour Cancer Nursing 25(3) 236-244

Source of Funding
None

5.10.1

An exploration of the needs of Somali visually impaired people in Sheffield

Gina Awoko Higginbottom, Senior Lecturer, School of Nursing and Midwifery, University of Sheffield, Sheffield, United Kingdom

Co authors: Robyn Story; Kaltum Rivers

Abstract:
Background:
The research questions and conceptualization of the research proposal are consumer led, being identified by the Horn of Africa Blind Society (HABS). This research proposal is therefore premised on the concept of user involvement in research, in the sense that HABS are active partners in the research process. The incidence of visual impairment is high within some ethnic communities (Bruce et al 1991).

Research aim:
To explore the health and social needs with regard to sight loss of Somali visually impaired community in Sheffield. Methodology: The research is underpinned and informed by a participatory research methodology (Beresford 2000) that involves consumers in the research design, data collection, data analysis and dissemination. This is achieved via the close and ongoing collaboration with HABS. The research is informed by the ethnographic tradition (Hammersley & Atkinson 1995).

Methods:
Three focus group interviews (FGI) have been conducted with members of HABS and representatives other Somali community groups in Sheffield and service providers. Semi-structured interviews with 30/60 Somali visually impaired people in Sheffield) A telephone survey with 15/30 carers of Somali visually impaired people Analysis: 'Framework' developed by the National Centre for Social Research (NCSR 2001).

Preliminary findings:
We share five themes from the findings emerging from the preliminary stage of data collection (FGI).

- Socio-cultural perceptions of blindness and visual impairment
- Identified needs
- Information and communications
- Family and social networks
- Migration issues

Implications:
The socio-cultural perceptions that exist within the Somali community in relation to visual impairment and blindness mean that many individuals are not

aware of the range of services available for visually impaired people in England. The triple jeopardy of migrant (or refugee) status, speaking English as a second language and visual impairment present challenges in negotiating the landscape of service provision and accessing services.

Recommended reading:

Hammersley M (1998) & Atkinson, P (1995). Ethnography principles and practice. Routledge, London

Beresford, P (2000). User involvement in Social Policy research and analysis: Part one; SPA News 8-9

Bruce I, McKennell A & Walker E (1991). Blind and Partially sighted Adults in Britain, the RNIB Survey Vol 1 & 2, London, HMSO

Source of Funding
Sheffield Health and Research Consortium

5.10.2

Needs of Pakistani and Chinese families relevant to implementing "Health for All Children"

Rhona Hogg, Community Nursing Research Facilitator, Community Nursing, Lothian Primary Care NHS Trust, Edinburgh, United Kingdom.

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Co author: Bredje de Kok

Abstract:

Background:
Health visiting practice is currently moving from child health surveillance and screening to supporting parents through parenting education and multi-agency family support1. The study meets current recommendations by involving users in the planning and delivery of health care to ensure that the new approaches meet the needs of Pakistani and Chinese families.

Aims:
To explore Pakistani and Chinese mothers' experience of motherhood and of the health visiting service. To identify religious, cultural and other aspects of Pakistani and Chinese families relevant to planning and providing health visiting interventions.

Methods:
Semi-structured interviews are being held with twenty Pakistani and twenty Chinese mothers of young children, either one-to-one or in small groups. Small group interviews are also being held with health visitors, other professionals and others involved in supporting Pakistani and Chinese families. Hermeneutic phenomenology, which facilitates greater understanding of an experience within the context of everyday lived experience, is being used to inform both data collection and analysis. Data are being analysed thematically and then read as a "pool of meaning" to provide an understanding of the concepts within the surrounding contextual factors.

Results:
Analysis will be complete and results available in time for the conference (funding finishes in April 2006). Chinese and Pakistani mothers' experience of parenthood and of health visiting will be presented and discussed, and compared with findings of a previous study involving only white parents.

Purpose and implementation of Results:
The study will ensure that new approaches to health visiting practice currently being introduced are implemented in the context of cultural diversity. Factors of relevance to measuring and addressing vulnerability in Pakistani and Chinese families will also be identified.

Recommended reading:

Hall D (2002) Health for All Children. Oxford: Oxford University Press.

Scottish Executive (2001) Patient Focus and Public Involvement. Edinburgh: The Stationery Office.

Source of Funding
Chief Scientist Office, Scottish Executive

5.10.3

Knowledge, perception, barriers and the social meaning of Tuberculosis among asylum seekers, the homeless and refugee communites in Brent, London, UK

Senga Steel, Lead Research Nurse, Research and Development, The Whittington Hospital NHS Trust, London, United Kingdom

Co author: Amna Mahmoud

Abstract:

Background:
Tuberculosis is a disease of considerable public health concern and human misery, and prevalence continues to rise, regardless of effective and available treatment. TB is most concentrated among the poor, including the homeless and those from regions of high prevalence. Brent is one of the poorest boroughs in London and has one of the highest prevalence rates of Tuberculosis. It also has a large immigrant community many of whom have come from countries with high prevelance rates. In order that health services can respond effectively and sensitively to the needs of those with Tuberculosis in Brent, it is important that knowledge, beliefs and the social and cultural meaning of TB are explored.

Aims:
Explore the patient experience of TB and community perception of disease. Understand how 'stigma' and negative associations of TB might affect the likelihood of increased disease prevalence within prominent groups in Brent. Understand the challenges health professionals face in treating TB in Brent.

Method:
10 Focus group interviews were held. Each group was identified as being an important sector of the Brent population. These included a Somali Women's Group, Somali Men's Group, Tamil Action Group, Refugee French Speaking Group, Refugee Swahili Speaking Group, HIV/AIDS Group, Young People's group, The Afghan Association of London and homeless groups. The interviews were conducted in the native language of the participants and then translated into English following validation of the original transcripts. Three researchers performed thematic analysis and identified themes that emerged within the data. Health professionals were interviewed using a structured questionnaire.

Results:
This paper will report our results and how health policy and practice can be informed by work such as this. We also discuss the challenges of this type of research approach, particularly associated with 'reaching the voices' in transcultural research and articulating these authentically.

Recommended reading:

Grange JM,Zumla, A 2002. The Global Emergency of Tuberculosis: What is the cause? J R Soc health;122(2):78-81

Helman, C, 2001. Culture, Health and Illness.Oxford University Press, (4th Edition).

Stopping Tuberculsosis in England:An action plan from the chief medical officer.October 2004. COI Communications for the Department of Health. www.dh.gov.uk/publications

Source of Funding
Brent Health Action Zone (London UK)

5.11.1

Primary care and community nursing roles in Wales: Assessing future options

Anne Williams, RCN Professor of Nursing Research, Nursing, Health and Social Care Research Centre, School of Nursing and Midwifery Studies, Cardiff University, Cardiff, United Kingdom

Co authors: Davina Allen, Ros Carnwell, Fiona Irvine, Joyce Kenkre, Lesley Griffiths, Melanie Jones, Joy Merrell, Helen Snooks

Abstract:

Background:
In common with other countries, Wales is reforming health systems to provide cost-effective, quality services that improve health and promote public involvement in planning (WAG 2001, 2003). Investment prioritises primary care and public health (Wanless 2004).

Aims:
A review of primary care and community nursing (2003-2004) aimed to consider evidence concerning the shape of future nursing services, core functions and options regarding roles to meet need, within the context of integrated services.

Methods:
Following a comprehensive literature review, interviews were conducted in two phases:

1. Telephone interviews with public/patient group representatives (6), senior nurses (33)and health and social care colleagues (12)to identify strategic perspectives on service need, current provision, gaps in provision and future options.

2. Focus groups(8)and one-to-one interviews (3) to explore the expectations of nurses from all fields of practice on delivering care (44). Interviews to explore needs and expectations of users of nursing services - public/ patient group representatives (9), health and social care colleagues (13).

Sampling was strategic. Meetings were held with nurses who had not been interviewed to test agreement and divergence on findings. Data were analysed thematically.

Results: Current and future service needs were identified in three domains of practice: intermediate care, public health and first contact care. Needs related to gaps in service, problems with existing services, workforce and resource issues. Core nursing functions were identified from literature, mapped against service needs, and their applicability to Wales considered.

Discussion:
The paper discusses options for future roles in the context of theoretical and empirical studies drawn from an international field, therefore contributing to a global knowledge of nursing's contribution to

effective delivery and organisation of primary and community care.

Conclusion:
A strategy underpinned by philosophies of quality of life and health improvement is vital to shaping future roles.

Recommended reading:
WAG (2001) Improving health in Wales. A plan for the NHS with its partners. Cardiff, Welsh Assemply Government (WAG).

WAG (2003) Review of health and social care in Wales. Cardiff, Welsh Assembly Government.

Wanless D. (2004) Securing good health for the whole population. London, HM Treasury.

Source of Funding
Office of the Chief Nurse Welsh Assembly Government

5.11.2

Discourses of advanced practice, new roles and community nursing: A transgressive critique

Kay Aranda, Principal Lecturer, Institute of Nursing and Midwifery, University of Brighton, Brighton, United Kingdom
Email: k.f.aranda@brighton.ac.uk

Co author: Andrea Jones

Abstract:
Emerging new roles in the NHS are seen as the panacea to rising costs and staff shortages as well as a manifestation of creative or expert forms of advanced practice by those 'making' rather than taking roles. The aim of this paper is to explore the debates on new roles and claims for advanced practice within diverse community nursing organisational contexts. The literature review discussed here is drawn from an extended review conducted as part of a project seeking to understand the role and support required for community specialist practice teachers. A systematic search of nursing and social science literature, together with management and organisational theory and grey literature was undertaken, followed by a focused review and analysis. Dominant discourses common to nursing were clearly evident and included medical, humanistic, educational, gender and management discourses, but other competing discourses were discernible dealing with the culture of community nursing and advanced practice. Together, these discourses will be shown to work at several levels; they construct ambivalent and ambiguous subject positions in attempting to alter nurses' identities; they generate social relationships between different occupational groups; and they constitute systems of knowledge and belief about the purpose of new roles and advanced practice. The implications for community nursing include the need to deconstruct these discourses in order to understand how talk of new roles and advanced practice construct particular ways of thinking about, speaking about, and 'doing' new roles and advanced practice. As a result, these discourses have the potential to constrain, disrupt or enable expectations about new roles and advanced practice.

Recommended reading:
Coyler, H. (2004) The construction and development of health professions:where will it end? Journal of Advanced Nursing. 48 (4), 406-412

Dingwell, R. & Allen, D. (2001) The implications of healthcare reforms for the profession of nursing. Nursing Inquiry, 8(2), 64-74

Read, S. Jones, M.L., Collins, K., McDonnell, A., Jones, R., Doyal, L., Cameron, A., Masterton, A., Dowling, S., Vaughan, B., Furlong, S., & Scholes, J., (2001) Exploring new roles in practice:final report. University of Sheffield, Sheffield. Retrieved 05

Source of Funding
None

5.11.3

'Doing your own thing'. How do district nurses perceive their role in providing community palliative care?

Catherine Walshe, Department of Health Research Training Fellow, School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, United Kingdom

Co authors: Ann Caress, Carolyn Chew-Graham, Chris Todd

Abstract:
Background:
District nurses value providing palliative care, and are the most commonly accessed community palliative care service. However, most palliative care research focuses on specialist services, rarely investigating the roles of other services or how and why services work together.

Aim:
This research explored referral, assessment and care of palliative care patients within three Primary Care Trusts (PCT's).

Method and sample:
A qualitative case study strategy was adopted, purposively selecting three PCT's (the cases) in North West England with different patterns of palliative care provision. Multiple sources of evidence included 58 interviews with patients and palliative care providers, observation of referral meetings and analysis of case notes and other documents. This presentation primarily draws on interviews with 14 district nurses.

Analysis:
Data were coded, charted, mapped and interpreted, developing a thematic framework and theoretical propositions. Framework analysis techniques facilitated pattern matching within and across cases. Results: District nurses described four main cross-case issues: Autonomy: The 'invisible' nature of their work was valued because it allowed them to make independent judgements and decisions about patient care and caseloads. Ownership: They were protective and possessive of patients. For some, this manifested itself in multiple referrals to 'get the best' for their patients. Others restricted referrals to 'protect' patients. They worked hard to 'get what they wanted' for patients by playing the system. Responsibility: They felt a great sense of responsibility toward patients, plugging perceived care gaps, rarely discharging patients despite it being 'draining and difficult work'. Continuity: District nurses wanted to develop an early relationship with patients to smooth the terminal phase of illness and care, and were anxious about referral timing.

Conclusions:
District nurses were perceived by themselves and others to be central to community palliative care work. This sense of control could adversely affect their desire to work with others.

Recommended reading:
Burt J., Shipman,C., Addington-Hall, J., White, P. 2005. Palliative care. Perspectives on caring for dying people in London. Kings Fund. London

Dunne, K., Sullivan, K., Kernohan, G. 2005. Palliative care for patients with cancer: district nurses' experience. Journal of Advanced Nursing. 50(4), 372-380.

Griffiths, J. 1997. Holistic district nursing: caring for the terminally ill. British Journal of Community Nursing. 2(9), 440-444.

Source of Funding
Department of Health Primary Care Researcher Development Award.

5.12.1

Abstract withdrawn

5.12.2

Acute and minor episodic illness of 'normally well' preschool children: The experience of mothers who are convention refugees or refugee claimants living in Hamilton Ontario

Olive Wahoush, Assistant Professor, School of Nursing, McMaster University, Hamilton, ON, Canada.

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Abstract:
Background:
Ontario attracts more convention refugees and refugee claimants than any other area in Canada. Refugee and refugee claimant families are a vulnerable population, studies focusing on immigrant health rarely differentiate the refugee and refugee claimant populations and little is known about younger children in refugee or refugee claimant families.

Research Objectives:
To explore and describe behaviours and experience of mothers who are convention refugees or refugee claimants when their preschool child has an acute, minor episodic illness.

Significance:
Effective and appropriate care of minor and acute illness is important for maintaining health in childhood. This study will provide empirical evidence of health practices and needs of refugee and refugee claimant mothers as they care for their preschool children during minor and acute illness episodes.

Methods:
In this mixed methods study qualitative and quantitative data were used to explore and describe the experience of refugee and refugee claimant mothers when their pre-school child had an acute and minor illness. The Andersen Health Behaviour model guided this study. A retrospective cross-sectional interview survey design was used. Information will be presented from three perspectives (three lenses): Lens 1. Published information from large data sets. Lens 2. Service providers working with this population (n=20). Lens 3. Refugee and refugee claimant mothers (n=58). Information these three lenses will be integrated to provide a comprehensive description of health behaviours, enablers and barriers experienced by this population.

Relevance:
The research findings will assist policy makers, health care planners and nurses in understanding and planning for effective policy and programmes for this population.

Presentation:
The researcher will present findings highlighting the reasons for delays and avoidance in mothers' health seeking behaviours. Data analysis will be completed by November 2005.

Source of Funding
Nurses Research Interest Group of teh Registered Nurses Association of Ontario. Canadian Nurses Foundation & Registered Nurses Foundation of Ontario

5.12.3

Sleep problems in children: Effectiveness of a tailored sleep programme

Jacqui McGreavey, Health Visitor, Tayside Centre for General Practice, University of Dundee, Dundee, United Kingdom.

Email: jacqui.mcgreavey@tpct.scot.nhs.uk

Co authors: Peter Donnan; Frank Sullivan

Abstract:
Disorders of initiating and maintaining sleep (DIMS) affect 20-30%of children under the age of five. Sleep deprivation, caused by these disorders, may have negative consequences not only for the child's daytime behaviour, but also for the mothers' mental well-being, family dynamics and their use of primary care resources. While several behavioural interventions for DIMS exist, a systematic revue of the literature concludes that there is insufficient evidence to establish their relative effectiveness as a means of improving the sleep problem. Moreover, their effectiveness in terms of psychological health gains to parents has not been demonstrated. This study comprised of a three arm randomised trial; the first arm were offered a tailored sleep programme at a local sleep clinic; the second received a booklet containing sleep management advice; and the third arm were placed on the waiting list. Sleep disturbance scores and maternal well-being were assessed using validated tools. The study population involved a one in four sample of children aged 12 to 66 months who were registered with a participating GP practice in Tayside. There were 1023 children assessed for eligibility and 218 were randomised. The sleep problems of 47 children who received the tailored sleep programme were resolved, and maternal psychological health was improved by significantly. Those families in receipt of the booklet had improvement in their sleep scores, and mental well-being; however these were not statistically significant. We conclude that the tailored sleep programme had a significant impact on the children's sleep patterns and their mothers' mental well-being. Sleep clinics offering this service may be of benefit to those families that have children suffering from a moderate to severe disorder of initiating and maintaining sleep.

Recommended reading:
Hiscock H & Wake M (2002). Randomised control trial of behavioural infant sleep intervention to improve infant sleep and maternal mood. British Medical Journal, 324 [medline].

McGreavey JA, Donnan PT, Pagliari HC, Sullivan FM (2005). The Tayside Children's Sleep Questionnaire: a simple tool to evaluate sleep problems in young children.Child:Care, Health and Development. 31:5:539-544

Eckerberg B (2004). Treatment of sleep problems in families with young children: effects of treatment on family wellbeing. Acta Pediatrica, 93:1: 126-134

Source of Funding
CSO - Primary Care Research Fund

Thursday 23 March

10.00 - 11.00

Concurrent session 6

6.1.1

Reflections of insider ethnography as a senior manager participant observer

Maxine Simmons, Head of Education and Workforce Development, Education and Workforce Development, Chesterfield and N.Derbyshire Royal Hospital, Derbyshire, United Kingdom

Abstract:

Introduction:

This methodological paper will reflect upon personal experiences of working in an acute NHS Trust as a Senior Manager whilst also undertaking an ethnographic study of senior clinical nurses in the same organisation. The period of fieldwork spanned two and a half years and incorporated a wide range of experiences from extensive participant observation with a group of senior nurses to interviewing Senior Operational Managers, Clinical and Executive Directors. The literature describes the role of participant observer within ethnographic research as being either an 'insider' or 'outsider' depending upon the researcher's relationship to the social group being studied (Spradley 1979). The literature describes the associated advantages and disadvantages in conducting fieldwork associated with each position. However, experience as a senior manager undertaking ethnographic fieldwork within the organisation where I am employed highlights the limitations of these descriptors to encompass the complexity of insider ethnography as a senior manager.

Insider Ethnography:

Within the paper the methodological and ethical challenges and benefits of undertaking participant observation, as an insider ethnographer will be discussed from a senior manager perspective. The paper will critically explore the inherent tensions of the participant observer role in particular in relation to:

- Access to and leaving the field
- Relationships with peers and seniors
- Dualism of researcher – manager role
- Confidentiality and loyalty conflicts
- Going native § Reciprocity

This paper presents a unique contribution to knowledge as nurse lecturers undertake the majority of nursing ethnography and therefore the exploration of the role as 'insider' ethnographer from a senior service manager perspective presents new insights and learning.

Recommended reading:

Spradley J.P. (1979) The Ethnographic Interview New York. Hart, Rinehart and Winston

Source of Funding

none

6.1.2

Autoethnography: Personal narratives and reflexivity in a study involving bilingual subjects

Fiona Irvine, Lecturer in Nursing and Gwerfyl Roberts, Lecturer in Nursing, School of Nursing & Midwifery Studies, University of Wales Bangor, Bangor, United Kingdom

Co author: Sally Sambrook

Abstract:

Autoethnography is described as an 'autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural.' (Ellis & Bochner 2003:209) Autoethnography builds on, but is more than, reflexivity since autoethnography links the researcher's self to the study, attempting to understand both the experiences of the individual (auto) and the group (ethno). In an ethnographic study of a project initiated to encourage families in Wales to bring up their children to be bilingual, autoethnography was used to interpret the complexity of the relationships that existed between the observers and the observed (Savage 2003). This was considered important since the Whorfian hypothesis (Whorf 1976) indicates that a person's language shapes her/his perception of the world and events within it. In this paper we draw on the autobiographies of two researchers and their experiences of this ethnographic project.

We will consider how the different perspectives of two researchers related to the situations that they observed during the ethnographic study and allowed for the alignment of the emic and etic perspectives during interpretation. We will share our personal experiences of bilingualism; such as our, language and cultural identity; and our reflections on the research process and seek to demonstrate how, as a result of these perspectives; we arrived at out final interpretations of the data. A third researcher, not directly involved in the study, offered peer de-briefing, to explore our individual conception of the data, to align and verify data interpretations and facilitate the two individual autobiographies, thus co-constructing the combined autoethnography.

We will demonstrate how this innovative, autoethnographic approach improved the rigour of the study by enhancing truthfulness, plausibility and consistency, allowing for critical appraisal. The paper offers an account of how autoethnography can help to overcome the widely acknowledged negative effects of bias in ethnography.

Recommended reading:

Ellis, C. & Bochner, A. P. (2003). 'Autoethnography, Personal Narrative, Reflexivity' in N. K Denzin & Y. S. Lincoln (Eds) Collecting and Interpreting Qualitative Materials (2nd Ed): Sage Publications, Thousand Oaks, CA pp199-258.

Savage, J. (2003). Participative observation: using the subject body to understand nursing practice. In J. Latimer (Ed). Advanced Qualitative Research for Nursing. Blackwell Science, Oxford.

Whorf, B. (1976). Language, Thought and Reality: Selected Writings of Benjamin Lee Whorf. MIT Press, Cambridge, MA.

Source of Funding

Welsh Language Board

6.2.1

Predicting self-efficacy using illness representation components in patients with coronary heart disease: A patient survey

Margaret Lau-Walker, Lecturer, Imperial College London, National Heart and Lung Institute, London, United Kingdom

Abstract:

Objectives:

To assess the measures of illness representation components in predicting measures of self-efficacy in patients with coronary heart disease.

Design:

A longitudinal design was adopted with predictor variables and dependent variables (general self-efficacy, diet self-efficacy and exercise self-efficacy) measured twice while participants were in hospital and 9 months following discharge. Change scores of the predictor variables can be calculated and dependent variables at baseline can be controlled.

Method:

A cohort sample of 300 patients admitted to hospital with coronary heart disease were given the questionnaire measuring their illness perception (illness representation components: Identity, Consequences, Timeline and Control/Cure and Outcome expectation for diet and exercise); self-efficacy (general, diet & exercise self-efficacy measures), demographic and illness characteristics, and attendance on a cardiac rehabilitation programme. The patients were asked to complete the questionnaire in hospital before discharge following their cardiac diagnosis, and again, nine months later, when participants were expected to be functioning independently of any rehabilitation programme.

Results:

Demographic and illness characteristics were found to have a more significant relationship with illness representation components than with specific self-efficacy. The relationship between illness representation components and specific self-efficacy changes overtime, 'consequence' and 'timeline' were significantly related to self-efficacy measures initially, however, 'symptom' and 'control/cure' were the variables that were significantly related to self-efficacy measures 9 months later. After statistically controlling individuals' baseline self-efficacy measures, demographic and illness characteristic effects, 'symptom' and 'control/cure' were found to make significant contributions to exercise and diet self-efficacy respectively 9 months later.

Conclusion:

A significant relationship exists between illness representation and self-efficacy. There is potential to integrate both approaches to the assessment of psychosocial factors to provide effective individualised care in cardiac rehabilitation.

Recommended reading:

Scottish Intercollegiate Guidelines Network (SIGN) 2002 Cardiac Rehabilitation: A national clinical guideline January 2002 SIGN publication no.57

Department of Health 2001 National Service Framework: Coronary Heart Disease. London

NHS Centre for Reviews and Dissemination Effective Health Care Bulletin 1998 Cardiac rehabilitation University of York 4: 4

Source of Funding

None

6.2.2

Proctive continence care by nurses: A study of their decision making and the evaluation of an educational intervention

Carol Curran, Head of School of Nursing Univeristy of Ulster, Faculty of Life and Health Sciences, University of Ulster, Newtownabbey, United Kingdom.

Email: ci.curran@ulster.ac.uk

Co authors: Roy McConkey; Ruth Ludwick

Abstract:

Background:

This presentation examines the need to teach nurses about attitudes, to ameliorate the pejorative ageist perceptions that abound regarding proactive continence care (Palmer, 1996; Mason and Tully 2002).

Aims:

To evaluate the impact of a twelve week online module which addresses nurses' knowledge, attitudes and practice regarding incontinence, in altering the decisions nurses make regarding continence care, thus breaking new ground in continence education.

Methods:

A factorial survey design was employed, augmented by a content analysis of qualitative data, collected to explore the knowledge and practices of nurses who undertook the module (n = 39) before and after the intervention. In the factorial survey the unit of analysis is the vignette, which included nine independent variables, presenting patient characteristics related to incontinence, each with a number of levels which were randomly selected within each unique vignette. The total vignette population was 82,944, of which 1794 were randomly selected. The dependent variables measured the judgement of nurses and were related to knowledge, attitudes and practice. This methodology has been suggested by Ludwick et al (2004) as a means to establishing the effectiveness of education.

Results:

This module resulted in nurses' altered decision making in continence care. Prior to the educational intervention the provision of pads explained 21.7% of the variance, after the intervention this reduced to 11.2%. The effect of age on nurses' judgement was mediated following the intervention, where mean ratings statistically changed from 6.02 to 2.36, where 85 year olds were less likely to be prescribed pads.

Discussion and conclusions:

This study demonstrates that while education can lead to changes in decision making regarding continence care, other factors such as the motivation of the patient and the context of care are important. It is concluded that continence education can alter ageist perceptions and needs to be integrated into general nursing programmes.

Recommended reading:

Palmer M.H. (1995) Nurses knowledge and beliefs about continence interventions in long-term care. Journal of Advanced Nursing 21 (6) 1065-1072

Mason M, Tully S (2002) Urinary incontinence in the older acute care population: Effect of knowledge, attitudes and beliefs of nurses on continence management. Perspectives 26 (3) 4-9

Ludwick R, Wright ME, Zeller RA, Dowding DW, Lauder W, Winchell J (2004) An improved methodology for advancing nursing research Factorial Surveys Advances in Nursing Science 27 (3) 224-238

Source of Funding

None

6.3.1

New professionalism and technological competence

Kenda Crozier, Lecturer in Midwifery, NAM, University of East Anglia, Norwich, United Kingdom

Abstract:

Introduction:

Technological competence is becoming increasingly important in a technology driven health service. Nurses and midwives need to be equipped to deal with the traditional elements of caring within their work and combine this successfully with the high technology skills required in monitoring and treatment (Barnard and Sandelowski, 2001). Midwives require skills not only in the use of technological equipment, but also in traditional midwifery skills, knowledge for professional practice, clinical decision making and woman centred approaches to care.

Method:

The paper reports findings of an ethnographic study of midwifery work in which midwifery skills in using traditional skills technology in two maternity units in England.

Findings:

The findings from the fieldwork were linked to a concept analysis of birth technology competence and combined in the development of a model of birth technology competence supported by philosophy, education and practice. The model was validated by focus group interview and identified New Professional Competence as the ideal typology of practice. New professional competence will be illustrated with vignettes grounded in the context of everyday midwifery practice.

Recommendations:

It is anticipated that data from this research will provide course planners with a deeper understanding of birth technology competence and in doing so will enable them to provide appropriate education, training and assessment to ensure that new midwives are fit for practice in their technological role.

Recommended reading:

Barnard A and Sandelowski M (2001) Technology and humane nursing care: irreconcilable or invented difference? Journal of Advanced Nursing 34 (3) 367 - 375

Source of Funding

none

6.3.2

Student experience in face-to-face and on-line interprofessional lerning groups

Margaret Miers, Reader in Nursing and Social Science, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom.

Email: Margaret.Miers@uwe.ac.uk

Co authors: Brenda Clarke, Caroline Lapthorn, Katherine Pollard, Judith Thomas

Abstract:

Interprofessional learning plays a significant role in health and social care education. Interprofessional learning, it is argued, promotes collaborative practice and holistic care (Barr 2002). One English faculty introduced an interprofessional curriculum for 10 professional programmes in 2000 and a comprehensive evaluation of the initiative in 2001. Students learn together in face-to-face interprofessional groups using enquiry based learning in years one and two. In year three students collaborate in interprofessional groups on-line. The aim of one study in the evaluation is to explore student experience of interprofessional learning. Students and facilitators were invited to participate in the study. All students and facilitators for 7 first and 8 second year groups consented to inclusion in the study as did students and facilitators from 10 on-line groups. Data collection methods for the face-to-face groups comprised observations; focus groups; interviews. Data collection from on-line groups included discussion board contributions from consenting students, interviews and e-mail responses to researchers' questions. A multidisciplinary research team analysed data for themes separately, in pairs and as a group, developing a framework for analysis in four areas: student learning; interprofessional issues; group interaction; facilitation.

This paper presents an overview of the findings related to group interaction. Groups varied in levels of participation, leadership, conflict, cohesion and approach to group task. Age and gender affected participation. Older students and males often took active roles. Some students found face-to-face group participation difficult. Over reliance on 'being polite' at times inhibited depth of discussion and constructive disagreements. Findings confirm the complexity of group processes in interprofessional learning and the importance of understanding group dynamics in supporting participation and effective discussion. Discussion focuses on the learning potential inherent in interprofessional group dynamics, effective group processes and staff development implications. The research confirms identified competencies for facilitating interprofessional learning (Freeth et al 2005).

Recommended reading:

Barr H. 2002 Interprofessional Education: Today, Yesterday and Tomorrow. Occasional Paper No 1. The Learning and Teaching Support Network for Health Sciences and Practice, London.

Freeth D.,Hammick M.,Reeves S., Koppel I., Barr H. 2005 Effective Interprofessional Education: Development, Delivery and Evaluation. Blackwell Publishing, Oxford.

Source of Funding

Avon, Gloucestershire and Wiltshire Workforce Development Confederation

6.4.1

Developing resuscitation knowledge and skills: Is there a role for e-learning?

Pam Moule, Reader in Nursing and Learning Technologies, Faculty of Health & Social Care, University of the West of England, Bristol, Bristol, United Kingdom.

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Co authors: John W. Albarran; Elizabeth Bessant

Abstract:

Background:
International evidence suggests early resuscitation with defibrillation improves survival in those with ventricular fibrillation (Gwinnutt et al 2000). With the advent of simplified, safe, lighter and automated defibrillators their use has become part of recommended basic life support training. Consequently this has challenged healthcare organisations to equip the workforce with these extended skills (Moule and Albarran 2002). These new training demands create scope to explore e-technologies.

Aim:
We compared resuscitation knowledge and skill development after either e-based or face-to-face delivery, measuring the effect size between the two groups according to specified outcome criteria.

Methods:
Following consent, 72 healthcare providers from one mental health Trust were randomised to one of two training groups. Classroom and online materials adopted standardised theoretical content. Classroom delivery comprised of six hours. The e-group was rostered to access e-materials for three hours. Knowledge was assessed through pre and post-tests. Skill performance was measured against a standardised case study, with resuscitation activity on a manikin being transmitted to a computer database. Additionally, observations of performance were recorded manually on a pre-validated tool that included 29 steps related to the skill of resuscitation with defibrillator use. Pre and post-test scores were compared using a Wilcoxon test. Data from the manikin software were analysed for differences in effect size, to determine any differences in knowledge and skill attainment across the two groups.

Results:
Preliminary results suggest that knowledge is improved regardless of training method. Additionally, the data indicate that both groups attain the same level of competence.

Discussion & Conclusion:
The discussion will explore the implications of adopting e-learning to support knowledge and skill development in the field of resuscitation. Additionally, it will consider the use of e-based delivery to support wider learning amongst the large healthcare workforce. E-learning appears to offer an alternative approach to training.

Recommended reading:

Gwinnutt C, Columb M, Harris R, (2000) Outcome of cardiac arrest in adult UK hospitals: effects of the 1997 guidelines. Resuscitation, 47; 125-135

Moule, P. and Albarran, J.W. (2002) Automated external defibrillation as part of BLS: implications for education and practice. Resuscitation, 54; 223-230

Source of Funding

Avon and Wiltshire Mental Health Partnership NHS Trust

6.4.2

Exploring death anxiety in student nurses using a repertory grid technique

Sarah Burden, Senior Lecturer in Nursing, School of Health and Community Care, Leeds Metropolitan University, Leeds, United Kingdom.

Email: s.burden@leedsmet.ac.uk

Co authors: Alan White; Anne Llewellyn

Abstract:
This paper reports the findings from a research study which examined eight final year BSc (Hons) Adult Health student's attitudes towards death and dying at the point of registration. The study was an attempt to stand in their shoes, see their experiences of death work as they saw them, and to understand their situation and concerns. Nurses are confronted with death and grief more than any other group working within the healthcare field, with student nurses being particularly vulnerable (Loftus 1998). Utilising a Repertory Grid Technique (Kelly 1955), the study focused on their experiences of death work, their attitudes underpinning any anxiety and their ability to participate in caring for the dying and their families. Data collection methods used included repertory grid interviews and two validated death anxiety questionnaires. In the interviews personal constructs from the students were elicited using a triadic card sort technique and grids completed using a seven point rating scale.

The repertory grid data were analysed using the WebGrid-III on-line repertory grid analysis programme. Content analysis of the elicited constructs was undertaken with reference to the categories and definitions contained in the 'Manual for Content Analysis of Death Constructs' (Neimeyer 1994).

Four themes emerged from these categories:

- Evaluation, Temporal Expectation and Causality.
- Suffering and Choice.
- Emotional State, Acceptance and Impact.
- Personal Involvement and Specificity.

All students acknowledged a high degree of anxiety with respect to their experiences of working with the dying and their families. In this paper the student's experiences are described and sociological explanations as to the source of this anxiety considered. Repertory Grid Technique as a research method to examine death anxiety in nursing is discussed. The paper will conclude with some recommendations for the preparation of students for this aspect of practice.

Recommended reading:

Kelly, G.A. (1955) A Theory of Personality. The Psychology of Personal Constructs. New York. Norton.

Loftus, L. A. (1998) Student nurses' lived experience of the sudden death of their patients. Journal of Advanced Nursing. 27, 641-648

Neimeyer, R. A. (ed) (1994) Death Anxiety Handbook. Research, Instrumentation and Application. Washington. Taylor & Francis

Source of Funding

None

6.5.1

Negotiation as a concept for understanding adaptation and coping in men with newly diagnosed Type 2 diabetes

Robin Lewis, Non Clinical Lecturer, Acute and Critical Care, University of Sheffield, Rotherham, United Kingdom

Co authors: Alan White; Keith Cash

Abstract:

Background:
Men with a new diagnosis of Type 2 diabetes are required to make significant adjustments to their lifestyle very rapidly. Type 2 diabetes is a complex condition whose symptoms are often diffuse, and of insidious onset. In addition there is clear evidence that men are generally reluctant users of primary care services and will often present late in the course of an illness (Galdas et al 2005).

Aims:
The aim of this longitudinal study was to gain an understanding of how men with Type 2 diabetes attempt to incorporate the condition into their lives.

Methods:
Utilising a grounded theory approach (Charmaz 1990), data were collected using narrative interviews with 29 men over 30, with no other medical conditions, within the first three months of diagnosis. In line with a grounded theory approach, men were chosen using theoretical sampling, and were interviewed again at six and twelve months.

Results:
Five different levels of negotiation were identified that take place during the process of adaptation: 1. The individual (the inner voice or inner dialogue) 2. The spouse or partner (significant others) 3. The wider family 4. Work colleagues and friends 5. Health professionals

Discussion:
Negotiation in these terms may be conceptualised in terms of bargaining. The main idea of negotiation is that rules and roles are not fixed but represent the outcome of a set of negotiations between the various participants. Where a consensus has been reached, bargaining may be replaced by routine behaviours. However the need for renegotiation may occur at any time during the process.

Conclusion:
It is apparent that these negotiations are a significant factor in detemining successful outcomes for these men following their diagnosis, and therefore it is argued that this conceptual approach has important implications for the future development of diabetes health education and management.

Recommended reading:

Galdas P Cheater F Marshall P (2005) Men and health help-seeking behaviour: literature review. Journal of Advanced Nursing. 49 (6): 616-23

Charmaz K (1990) Discovering chronic illness: using grounded theory. Social Science and Medicine 30 (11) 1161-72

Source of Funding

None

6.5.2

Men's experiences of testicular cancer: A grounded theory study

David Robinson, Practice Development Nurse Co-ordinator, Oncology Directorate, Belfast City Hospital Trust, Belfast, United Kingdom.

Email: David.Robinson@bch.n-i.nhs.uk

Co authors: Sonja McIlfatrick; Kader Parahoo

Abstract:

Background:

Testicular cancer is the most common malignancy in men aged between 20 and 34 years. The literature, however, has provided scant detail on men's experiences.

Aim:

To explore men's experiences of testicular cancer. Methods. Data (from 32 interviews with 24 men, observations and documentary evidence) were analysed using Glaser's (Glaser and Strauss, 1967; Glaser, 1978; 1992) grounded theory approach. Decisions on sampling were made using theoretical sampling.

Results and Discussion:

The pattern of behaviour that emerged as relevant and problematic was 'managing disease related self-disclosure'. The men described discovering first symptoms. Some misinterpreted these symptoms as inconsequential. They reasoned that they had no story to tell. When these men's first symptoms worsened they reviewed their misinterpretations. Their story had developed through the body. All realised (sooner or later) that something was wrong. This realisation prompted the men to decide on disclosing disease related information. Two stories emerged. In the first, coded as 'having to know', some talked to someone immediately. In the second, coded as 'evolving towards it', some considered the implications of disclosure for others and self. Until losses such as embarassment, fearing a cancer diagnosis, preserving self and/or considering others outweighed gains, they remained silent and kept up appearances. These men's symptoms progressed. All (sooner or later) elicited help from their G.P. Having started treatment, some men continued to struggle disclosing information. They were among the youngest, and not in a sexual relationship. Others felt a responsibility to educate others. All disclosures centred on risk prevention.

Conclusions:

The presentation will contribute to the knowledge on men's experiences of testicular cancer. Practice implications are most relevant for those caring for these men.

Recommended reading:

Courtenay, W. H. (2000) Constructions of masculinity and their influence on men's well-being: a theory of gender and health. Social Science and Medicine, 50, 1385-1401.

Gordon, D. F. (1995) Testicular cancer and masculinity. In: Sabo, D., & Gordon, D. F. (Eds.) Men's health and illness: gender, power and the body. (pp246-265). Thousand Oaks, CA: Sage.

Sanden, I., Larsson, U. S., & Eriksson, C. (2000) An interview study of men discovering testicular cancer. Cancer Nursing, 23, 304-309.

Source of Funding

The National Board for Nursing, Midwifery and Health Visiting for Northern Ireland/An Bord Altranais

6.6.1

Donor and recipient experiences of live kidney transplantation

Paul Gill, Research Assistant and PhD Student, School of Nursing and Midwifery Studies, University of Wales College of Medicine, Cardiff, United Kingdom.

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Abstract:

Background:

Live kidney transplants are a successful and efficient means of treating chronic renal failure. However, the procedure is associated with potential physical and psychosocial risks, such as post-operative complications and pressure to donate and receive (Hilton and Starzomski 1994). Recipients also generally feel very grateful, even 'indebted', to donors and, consequently, this can affect their relationship with each other (Fox and Swazey 2001). Despite these issues, few studies have focused on the experiences of those involved in live kidney transplants. This study was, therefore, undertaken to provide an in-depth insight into this process from the participants' perspectives.

Aims:

To explore the experiences of donors and recipients throughout the live kidney transplantation process. To establish if the anthropological theory of 'gift exchange' is a relevant framework for helping to understand the live transplantation process.

Methods:

A qualitative, phenomenological approach was used to explore the experiences of a purposive sample of 11 live kidney donors and their respective recipients in South-West England. Data were collected through a series of three semi-structured interviews, conducted pre-transplant and at three and ten months post-transplant. Data were analysed using thematic content analysis and validated through a process of inter-rater reliability.

Results, discussion and Conclusion:

This paper will discuss the experiences of live kidney donors and recipients; focusing on the decision-making process (e.g., reasons for donating), feelings and concerns about the transplant (e.g., 'the joy of giving' and the potential for 'indebtedness') and the effects of the transplant on donor-recipient relationships. It will also discuss how Mauss' (1990) theory of gift exchange offers a useful framework for helping to understand the live transplant experience and how this improved understanding can be used to help inform future research and health care practice.

Recommended reading:

Fox RC, Swazey JP (2001) The courage to fail. Transaction publishers: New Brunswick.

Hilton BA, Starzomski RC (1994) Family decision making about living related kidney donation. ANNA Journal. 21 (6) 346-355

Mauss M (1990) The gift. Routledge: London

Source of Funding

School of nursing studies, Cardiff University

6.6.2

The use of narrative to gain patient views of waiting for coronary artery bypass surgery to complement a randomised controlled trial evaluating a nurse-led support and education programme (RiFaR)

Helen Goodman, Project Manager, Surgery, Royal Brompton & Harefield NHS Trust, London, United Kingdom

Email: h.goodman@rbht.nhs.uk

Abstract:

Randomised controlled trials will measure whether an intervention achieves the intended outcomes. They will not, however, necessarily explain how the outcome was achieved or how the patients felt about the experience. While a British Heart Foundation funded randomised controlled trial (RCT) tested whether a nurse-led support and education programme for patients waiting for bypass surgery optimised mental and physical fitness and improved coronary heart disease risk factors, narrative research was used alongside to explore the impact of the intervention from the patient perspective. Patient narrative has only recently gained widespread use within the general health service (Greenhalgh and Hurwitz 1998) but allows the patient to relate their own stories of their health care experiences with minimal input and therefore potential bias from the health care professionals. In a pilot study patient views had been sought through traditional telephone interviews and questionnaires (Goodman et al 2003).

In the main study, 'Discovery Interview' methodology, a quality improvement tool devised by the NHS Modernisation agency (Wilcock et al 2003), was used. The narratives produced from the interviews are fed back to nursing staff in focus groups to gain insight into the patient perspective and discussion used to highlight changes (behavioural or attitudinal) that should be made to the service. Recruitment to the RCT is now complete and 19 discovery Interviews and 7 focus groups performed. Data collection will be complete by October 2005 and results available by March 2006 in time for the conference. The presentation will include a critique of the narrative methodology as well as presentation and discussion of the results.

Recommended reading:

Greenhalgh, T. & Hurwitz B (1998), Narrative Based Medicine BMJ Books, London

Goodman, H., Peters, E., Matthews, R., Geraghty, A., Godden, J., & Shuldham, C (2003), A pilot study using a newly devised manual in a programme of education and support for patients waiting for coronary artery bypass surgery, European.Journal of Cardiova

Wilcock, P. M., Brown, G. C., Bateson, J., Carver, J., & Machin, S. (2003), Using patient stories to inspire quality improvement within the NHS Modernization Agency collaborative programmes, Journal of Clinical Nursing, 12 (3) 422-430

Source of Funding

British Heart Foundation

6.7.1

Reducing the work-load of ear syringing: Is self-care with a bulb syringe an effective alternative?

Dorothy Wicke, Lead Practice Nurse and Research Nurse, Overton Surgery, The Oakley and Overton Partnership, Overton, United Kingdom.

Email: overtonsurgery@dial.pipex.com

Co authors: Richard Coppin; Paul Little

Abstract:

Background:

Ear wax is a common problem in primary care (Sharp 1990) and its management has implications for patients, health professionals and the health service. Syringing ears to remove wax has been shown to improve hearing and symptoms (Memel 2002). Practice Nurses are now extending their clinical role putting pressure on time spent on traditional tasks such as ear syringing. Most practice nurses and GPs would like to encourage self help about which most patients are also enthusiastic (Coppin 2004). Bulb syringes with which to irrigate the ear and remove wax are widely available 'over the counter' at pharmacies in many countries but not in the UK. There are no published data on the effectiveness of bulb syringes. Results of our pilot study suggested that their use was feasible and effective.

Aim:

To compare the effectiveness of self use of bulb syringes with standard primary care treatment.

Method Design:

Randomised controlled trial with 2 year follow-up. Setting: Seven UK primary care centres.

Participants:

Adult patients presenting with symptoms and wax occluding one or both ear drums Intervention: Patients randomised to intervention were given ear drops, a bulb syringe and an instruction sheet; other patients received routine care. Patients declining full participation in the study were given routine treatment and asked to consent to their outcome data being included in the analysis.

Outcome measures:

Self reported symptoms, nurse assessed wax clearance. Results: 424 patients were invited to participate of whom 76 declined, 128 declined but consented to their data being included in the analysis and 220 were randomised. Data are currently being analysed and the results will be presented.

Conclusions:

This study has the potential to make a significant impact on primary care workload by both reducing demands on health service resources and satisfying patients' demands for rapid relief of symptoms.

Recommended reading:

Coppin, R., Wicke, D., Mehta, R., Little, P., 2004. Management of earwax in primary care – postal survey of UK GPs and practice nurses. Family Practice, 21, 413-414.

Memel, D., Langley, C., Watkins, C., Laue, B., Birchall, M., Bachmann, M., 2002. Effectiveness of ear syringing in general practice: a randomised controlled trial and patients' experiences. British Journal of General Practice, 52, 906-911.

Sharp, J.F., Wilson, J.A., Ross, L., Barr-Hamilton, R.M., 1990. Ear wax removal: a survey of current practice. British Medical Journal, 301,1251-1253.

Source of Funding

Royal College of General Practitioners Scientific Foundation Board

6.7.2

In whose best interests? Nurses' experiences of the administration of sedation in general medical wards in England: an application of the critical incident technique

Helen Aveyard, Senior Lecturer, School of Health & Social Care, Oxford Brookes University, Oxford, United Kingdom

Co authors: Mary Woolliams;

Abstract:

Background:

Despite concern expressed in recent government documents in the UK about the inappropriate use of sedation when a patient is agitated or confused and cannot consent, there is little nursing literature on the topic. In this paper we discuss this complex area and identify principles for good practice.

Aim:

The aim of this paper is to report on qualitative data concerning nurses' use of sedation which were obtained as part of a larger study to explore the way in which nurses obtain consent prior to nursing care procedures. Method: A purposive sample of thirty qualified nurses in two teaching hospitals in England was obtained. One hundred critical incidents were collected through thirty in-depth interviews as a means of focusing on specific incidents concerning informed consent prior to nursing care procedures in clinical practice. Data were analysed using constant comparative analysis.

Findings:

The administration of sedation to patients who cannot consent was a major theme to emerge. Sedation was sometimes given in the interests of other patients or staff rather than the patient and before alternative strategies had been considered. Nurses were uneasy about the use of sedation in such circumstances, and lacked knowledge as to when it may be appropriate to do so.

Conclusions:

Nurses need to be familiar with the relevant ethical and legal principles and professional guidance in their own countries for caring for people who cannot consent, and need to be confident in their understanding and application of these principles to ensure that sedation is administered appropriately.

Recommended reading:

Department of Health (2001) Reference Guide to Consent for Examination or Treatment London, Department of Health.

Fahey T, Montgomery AA, Barnes J, Protheroe J (2003) Quality of care for elderly residents in nursing homes and elderly people living at home: A Controlled observational study. British Medical Journal. (326) 580

Harrison A (1999) Managing acutely disturbed behaviour. Professional Nurse 15(3) 183-186

Source of Funding

Society for the Furtherance of Critical Philosophy

6.8.1

Identifying strategic research and development priorities using consensus methods

Tanya McCance, Senior Professional Officer, Centre House, NIPEC, Belfast, United Kingdom

Co author: Donna Fitzsimons

Abstract:

Background:

The healthcare literature provides many examples where consensus methods have been used for the purpose of identifying research and development priorities. The focus, however, tends to be on identifying clinical priorities for conducting research & development that are important in the delivery of quality services in specific areas of practice. There are, however, few examples provided that relate to research and development priority setting at a more strategic level.

Aim of the paper:

The aim of this study was to identify strategic priorities and develop action plans to further progress a regional nursing and midwifery research and development agenda. The presentation will describe the challenging process of employing consensus methods to develop strategic vision and discuss the final selection of research and development priorities and related action plans within the context of the national and international policy literature.

Method:

A modified nominal group technique (NGT) was employed comprising three rounds. Round one was based on the Delphi Technique and further rounds were conducted as part of a Consensus Conference, based on the NGT approach. Participants in the study (n = 105) were those involved in the research and development agenda for nursing and midwifery in Northern Ireland.

Results:

The final 12 priorities identified from the process reflected the breadth of issues across the spectrum of research and development activity. They related to: strategy development, infrastructural issues, capacity building, developing practice, multidisciplinary partnerships, and outcome indicators for nursing and midwifery research and development.

Conclusion:

Nurses and midwives have an important contribution to make to the research and development agenda. Whilst the research and development landscape is changing, continued advancement is required across the range of research and development activity. This paper provides an example using a rigorous and systematic approach, which can facilitate this agenda.

Recommended reading:

McKenna, HP & Mason, C (1998) Nursing and the wider R&D agenda: Influence and contribution. NT Research, 3(2): 108-115

McCance, TV & Fitzsimons, D (2005) Using and Doing Research: Guiding the Future. Belfast, Northern Ireland Practice and Education Council for Nursing and Midwifery

Source of Funding

none

6.8.2

R, M and G challenges in primary care – lessons from a national survey

Jane Appleton, Post-Doctoral Research Fellow, Consortium for Healthcare Research, CRIPACC, University of Hertfordshire, UK.

Email: J.V.Appleton@herts.ac.uk

Co authors: Sally Kendall; Sarah Cowley

Abstract:

This presentation will focus on research, management and governance problems faced in a nationally funded survey which is being conducted to investigate how English PCOs are addressing safeguarding children responsibilities in the context of increased interdisciplinary and multi-agency working. Despite the principal investigator being a nurse member of a Local Research Ethics Committee and having a good working knowledge of the Research Governance Framework for Health and Social Care (DH, 2001), the study initially experienced challenges in gaining MREC approval. However, following MREC approval, a whole catalogue of difficulties emerged in gaining R,M and G approval for the study from Primary Care Organisations. Building on the Report of the Ad Hoc Advisory Group on the Operation of NHS Research Ethics Committees (2005), this presentation will take a national perspective on how to address some of the very real R,M and G approval process difficulties being faced by health service, survey researchers.

Recommended reading:

Department of Health (2001) Research Governance Framework for Health and Social Care. London. Department of Health.

Department of Health (2005) Report of the Ad Hoc Advisory Group on the Operation of NHS Research Ethics Committees. London. Department of Health.

Source of Funding

The Health Foundation/Consortium for Healthcare Research

6.9.1

The roll out of a nurse led welfare benefits screening service throughout the largest local health care cooperative in Glasgow: An evaluation study

Robert Hoskins, Lecturer, Nursing & Midwifery School, University of Glasgow, Glasgow, United Kingdom

Email: RH18e@clinmed.gla.ac.uk

Co authors: Janet Tobin; Karen McMaster; Tony Quinn

Abstract:

Background:

The Acheson Report recommended improving welfare benefits uptake to increase the incomes of the elderly poor [1.]. Research suggests that 40-60% of pensioners, who could claim Attendance Allowance (AA), (a benefit awarded to the frail elderly aged ⇢64 to cover expenses associated with ill health) claim it, leaving nearly 2,000,000 entitled pensioners not claiming [2.]. A study within a deprived Glasgow general practice involved community nurses pre screening the AA status of clients aged ⇢ 64, a money advice worker (MAW) then offered a domiciliary in-depth benefits assessment to all potential under-claimers. £112,893 of AA, linked benefits and grants was awarded to 41 clients and relatives, £95,306.00 of which was on a recurrent annualised basis and £17,587.00 as lump sums [3.]

Aims:

To evaluate the roll-out of a nurse-led AA screening programme in 24 General Practices located within the largest Local Health Care Co-operative in Glasgow. Methods:Six hundred and thirty participants aged ⇢64 years who in the nurses clinical judgement appeared to have care needs, were opportunistically recruited by community nurses over a 15 month period. A MAW contacted all potential under-claimers offering a home visit to assess for unclaimed benefits. The main outcome measured was the total amount of unclaimed AA, linked benefits and grants.

Results:

Three hundred and sixty three participants and 13 relatives were awarded a total of £1,136,424.1 Of this £1,016,908.7 is on a recurrent basis and £119,515.44 as lump sums Discussion: This model effectively targets older people with chronic health problems. For example, 72% of successful AA applications (n=250) were awarded the high rate (day and night time care needs).

Conclusion:

This model of benefits assessment would appear to be an efficient and effective method of income maximisation which could be rolled out nationally within primary care settings located in deprived areas.

Recommended reading:

Acheson D. Independent inquiry into inequalities in health report. London:HMSO, (1998).

Craig G, Dornan P, Bradshaw J, Garbutt R, Mumtaz S Syed A and Ward A Underwriting

Hoskins R & Smith LN. Nurse led welfare benefits screening in a general practice located

Source of Funding

GGNHSB and Greater Glasgow Health Promotion Department. This enabled provision of a dedicated Money Advice Worker for this study.

6.9.2

An evaluation of the implementation of the 'Essence of Care' in South Staffordshire Healthcare NHS Trust

Sue Bowers, Senior Lecturer, Faculty of Health and Sciences, Staffordshire University, Stafford, United Kingdom

Email: s.j.bowers@staff.ac.uk

Co authors: Peter Nolan; Stephanie Tooth

Abstract:

In response to concerns regarding the quality of care that some patients were receiving within the NHS, the Essence of Care document (Department of Health 2001) sought to address some of the issues regarding improving the fundamentals of nursing care for patients. The responsibility of health care provision and quality of health care is the joint responsibility of individual service providers and the health care organisation in which they work (Castledine 2001; Field and Reid 2002). Although much has been written about the implementation of the Essence of Care initiative, there appears to be a lack of evaluation of how it has been implemented and the views of staff who have been responsible for carrying out the Essence of Care with patients. A study was conducted to evaluate the implementation of the Essence of Care benchmarking in a mental health Trust. This qualitative study utilised focus groups to explore the views of 18 staff from four different areas / directorates within the Trust.

The data indicated that the implementation of Essence of Care differed widely between different groups within the same Trust, with some being more successful than others, due to a variety of issues. Although a Trust driven initiative, continued implementation varied widely between the groups of staff. The study indicated that in order for the Essence of Care to succeed, three main inferences were made, which related to the areas of developing nursing practice, support, and resources. There needs to be multi-disciplinary team and patient/carer involvement, ongoing sustained management input, recognition and sharing of achievements, and evaluation of the work that has been done and the goals achieved, in order for the Essence of Care to be a worthwhile, fully implemented and dynamic initiative.

Recommended reading:

Castledine G (2001) New benchmarking toolkit reveals nursing's essence. British Journal of Nursing 10 (6) p410.

Department of Health (2001) Essence of Care. London.

Field A, Reid B (2002) An analysis of an audit tool of ward-based practice. Nursing Standard, 16 (40) pp37-39.

Source of Funding

Commissioned by South Staffordshire Healthcare NHS Trust

6.10.1

Evaluation of a training package to improve the detection and management of postnatal depression: A mixed methods study

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Abstract:

Background:

This work reports on an evaluation of training delivered to health and social care professionals in three Sure Start areas in Nottingham to improve the detection and management of postnatal depression (PND).

Aims:

As little was known about health and social care staff perceptions of their role and responsibility in working with women with PND the study aimed to explore these alongside its impact on knowledge.

Methods:

Mixed methods were used including pre and post training postal questionnaires, semi-structured interviews and focus groups. Questionnaire data were explored using descriptive statistics. Interviews and focus group data were tape-recorded, and transcribed. Data were managed using QSR Nudist and 'Framework' analysis was used.

Results:

Seventy-eight people attended training with a before and after questionnaire response rate of 73% and 94%. Sixteen before and six after training interviews were completed with MWs and HVs. Three Sure Start managers were interviewed and

seven Sure Start staff participated in two focus groups. Participants found the training useful (83%) and felt more confident in their ability to recognise and support women with PND. The majority gained new knowledge about the impact of PND on the woman, her partner and the baby. Participants with the same job title had varying perceptions of the importance of their role in identifying and working with women with PND. Qualitative data analysis highlighted that working with women with PND generated high levels of anxiety in some participants and that although understanding and confidence in their knowledge improved, they still had difficulty in applying this to the practice situation.

Discussion:
The mixed methods approach taken allowed shortcomings of the training to be identified. It highlights the need to develop practice-based training in a safe and supportive environment and raises particular issues as multidisciplinary working increases and nurses extend their roles.

Source of Funding
Sure Start St Anns, Sneinton and North West Nottingham

6.10.2

Are concern for face and seeking help behavior correlates to early postnatal depressive symptoms among Hong Kong Chinese women?

Ying LAU, PhD Full-time Student, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong, Hong Kong.

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Abstract:

Background:
Face (lian) is a pervasive phenomenon in Chinese culture, exerting an immense and subtle influence on people's behaviors. Coupled with the inherent stigma of mental illness, it may lead women to deny having early postnatal depressive symptoms and refrain from seeking help from others.

Aims:
The objectives of this study were to explore how the traditional Chinese value of face and their seeking-help behaviors associated with early postnatal depressive symptom.

Methods:
A cross-sectional comparative study design was adopted to investigate the relationships among concern for face, help-seeking behaviors, and early postnatal depressive symptoms for 1,200 pregnant Chinese women in a university-affiliated regional hospital in Hong Kong. Three hypotheses were tested. Pearson's Correlation was tested and Multivariate Logistic Regression was used to calculate the odds ratios (ORs) and 95% confidence intervals (CIs) to estimate the association.

Results:
The results indicated that 413 (34.4%) of the participants had early postnatal depressive symptoms, with 315 (26.3%) having mild to moderate depressive symptoms and 98 (8.1%) having severe depressive symptoms. Women with high protective face: "keep a low profile to avoid attention" ($p < 0.01$) and women with high acquisitive face: "get ahead through social achievement" (GAT) ($p < 0.05$) were found to be more likely to have early postnatal depressive symptoms after adjusting for demo-socio-economic, obstetric and neonatal variables. Women with high GAT were found to be 1.36 times more likely not to adopt non-help-seeking behaviors during early postnatal period ($p < 0.05$). Depressed women were found to be more adopted non-help-seeking behaviors ($p < 0.05$).

Discussion and Conclusion:
Concern for face and non-help-seeking behaviors were important correlates associated with postnatal depressive symptoms. Health care professionals should make more outreaching efforts and provide more health education to reach out to these women and their families.

Recommended reading:

Altshuler, L.L., Hendrick, V., Cohen, L.S., 2000. An update on mood and anxiety disorders during pregnancy and the postpartum period. Primary Care Companion Journal of Clinical Psychiatry 2, 217 - 222.

Chan, W.C.S., Levy, V., Chung, T.K.H., Lee, D.T., 2002. A qualitative study of the experience of a group of Hong Kong Chinese women diagnosed with postnatal depression. Journal of Advanced Nursing 39 (6), 571 - 579.

Felice, E., Saliba, J., Grech, V., Cox, J., 2004. Prevalence rates and psychological characteristics associated with depression in pregnancy and postpartum in Maltese women. Journal of Affective Disorders 82, 297 – 301.

Source of Funding
None

6.11.1

Meeting the needs of people with learning disabilities in Bristol NHS Walk-in Centres

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Email: Matthew.Godsell@uwe.ac.uk

Co authors: Kim Scarborough; Mark Smith

Abstract:
This presentation is a report on the early stages of an evaluative study involving the University of the West of England, Bristol and South Gloucestershire People First and Bristol NHS Walk-in Centres. The project aims to improve the responsiveness of staff in Bristol NHS Walk-in Centres by facilitating teaching and learning that will enhance their knowledge, skills and attitudes related to the needs of people with learning disabilities. Impetus to develop the project came from feedback provided by carers in curriculum development meetings for the pre-registration programme for learning disabilities nurses.

During the meetings they identified Walk-in Centres as a resource that could make a bigger contribution to the health of people with learning disabilities. Improving access to mainstream health was identified as a priority in the most recent White Paper on learning disabilities services (DoH, 2001). It is also consistent with the rights based model of disability adopted within the European Union (Walsh et al, 2003). The presentation will focus on the collaborative aspects of the work that has been completed so far. In addition to liaising with the Clinical Manager at Bristol City Gate Walk-in Centre lecturer/practitioners from the University of the West of England have worked with members of Bristol & South Gloucestershire and North Somerset People First to plan and prepare sessions that will meet the needs of NHS staff and include people with learning disabilities.

To encourage people with learning disabilities and carers to become active participants in teaching and learning events the Learning Disabilities Team from the Faculty of Health and Social Care has implemented a "Work Based Learning" module. The module provides them with opportunities to acquire teaching and health facilitation skills so that they can contribute to service developments in the spirit of "Nothing About Us Without Us" (DoH, 2001).

Recommended reading:

DoH (2001) Valuing People: A new strategy for learning disability for the 21st Century. London: HMSO

Walsh, P.N., van Schrojenstein Lantman-de Valk, H.M.J., (2003) Health Indicators for people with intellectual disabilities: A European perspective. Supplement to the European Journal of Public Health 13 3 47-50

DOH (2001) Nothing About Us Without Us. The Service Users Advisory Group report. London: DoH Publications

Source of Funding
University of the West of England

6.11.2

The use of care mapping in learning disability services: Some of the issues and its potential

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Co author: Michelle Persaud,

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Abstract:
Dementia care mapping (DCM) is a tool used to look in detail at the process of care, for the purpose of bringing about improvements. Although DCM is used to observe the experiences of service users, these can be inextricably linked to the manner in which they are supported by staff. In 2000 an exploratory study was undertaken, to assess the effectiveness of DCM (version 7)within learning disability services (Persaud, 2000). This work was discussed in Persaud & Jaycock (2001). Since then there has been growing interest in the use of the developmental evaluation tool within learning disability services.

This presentation will describe a follow-up study that aimed to:

1) further explore the effectiveness of the tool within learning disability services

2) evaluate whether proposed revisions to the tool increase its effectiveness when used within learning disability services.

Methods:
Observational and interview data was collected involving, fifteen adults with severe learning disabilities and the staff supporting them. Results: The findings indicated that the proposed revisions of the tool provided more detailed information about peoples' experiences within services. The interview data highlighted the importance of team and managerial commitment to the mapping process, if the benefits of the tool are to be maximised.

Discussion & Conclusions:
The study strengthened the case that care mapping can positively contribute to improvements in care quality by enabling the 'voices' of

users of services to be 'heard', that it can play a key role in staff development programmes and help to improve person-centred care by providing a shared language and focus for teams. Its findings are now contributing to discussions between the research team and Bradford Dementia Group on the development of the use of the tool within learning disability services.

Recommended reading:

Persaud, M. 2000. Evaluating Care delivery - the application of 'Dementia Care mapping' in learning disability residential services. M.A. Dissertation, University of York.

Persaud, M. and Jaycock, S., 2001. Evaluating care delivery: The application of dementia care mapping in learning disability residential services. Journal of Learning Disabilities, Vol. 5, (4), 345-352.

Source of Funding
none

6.12.1

Nursing students' perceptions of clinical experience: Issues of quality and support

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Abstract:
Clinical learning is an important and essential element of pre-registration nurse education, and is an issue of unswerving significance given the increased emphasis on the practice component of recently developed UK curricula (UKCC 1999, ENB & DoH 2001). The quality of this clinical learning experience however, is not clearly defined and support strategies are insufficiently described. Current literature illustrates the need for a definition and a consensus of opinion on what actually constitutes a high quality clinical learning experience (Koh 2002). Therefore, this study was conducted in order to identify the parameters that define the quality of clinical learning, with a specific emphasis on evaluating the students' perception of support strategies, and the impact they have on the quality of the clinical learning experience in pre-registration nurse education. The study utilized a qualitative approach to explore and describe the views of 14 students through focus group interviewing, with the researcher as group facilitator. The theoretical model of sampling was purposive. The target population were final year students from the adult branch of the Fitness for Practice programme in Wales. This enabled the views of students about quality and support to be elicited. Data were analysed using an inductive approach in an attempt to clarify and illuminate the essence of each participant's experience. From the thematic analysis the two broad categories of discussion were 'the quality of learning' and 'the students' perceptions, attitudes and beliefs'. The related themes that emerged from the data included: theoretical learning/practice interaction, culture of clinical area, role and quality of mentor and relationship with mentor, procedural/administrative strategies. The findings indicated that there was variation in the quality of the students' clinical experience and that support strategies were unpredictable. The study demonstrated the pivotal role of the mentor and the learning culture within the clinical area. Recommendations for further research are made.

Recommended reading:

English National Board for Nursing, Midwifery and Health Visiting & Department of Health (2001) Placements in Focus: Guidance for education in practice for health care professions. ENB/DoH London

Koh, L.C. (2002) The perceptions of nursing students of practice based teaching. Nurse Education Today 2, 35-43

UKCC (1999) Fitness for practice: The UKCC Commission for Nursing and Midwifery Education. United Kingdom Central Council for Nursing, Midwifery and Health Visiting, London.

Source of Funding
Health Professions Wales

6.12.2

Using practitioner research to increase primary care capacity in child and adolescent mental health services

Susan Procter, Professor of Primary Health Care Research, St Bartholomews School of Nursing and Midwifery, City University, London, United Kingdom. Email:S.Procter@city.ac.uk

Co author: Susan Croom

Abstract:
This paper reports on a study which recruited parents of children on a Child and Adolescent Mental Health waiting list as both clients and co-researchers in order to identify whether collaborative research between practitioners and service users, which simultaneously provides a service, may be used to lever systemic change and bring about more needs based service provision. Critical social theory and action research were used within a practitioner research framework. The parents (n=25), all of whom scored high on indicators of social deprivation, attended a series of professionally-led parenting groups which were audiotaped. Expert professional content consisted of the empirical evidence underpinning a series of key CAMH concepts (including risk, resilience, attachment, ambivalence, temperament and information processing) found to be relevant to the 24 hour care of these children in an earlier study. Critical Incident technique was used to elicit stories about daily parenting experiences. The parents were encouraged to critically analyse these stories. Access to evidence improved parents understanding of their child's problems, enabled discussion with other professionals and family members and developed shared solutions. Through applying the evidence base to their own child and using critical social theory to envisage 'what might be' parents were able to identify the services they needed to support their child. The services identified by the parents were supported by a strong evidence base and were often less expensive and more practical than the services they were receiving, but were not available locally.

The paper will critically discuss the implications of this study for other primary care services experiencing high demand and limited resources. It will review the potential to increase the primary care capacity to respond appropriately to clients individual needs using emancipatory, participative research, sharing key evidence and reciprocally exchanging knowledge and skills with carers, while simultaneously providing a service.

Recommended reading:

Fontana J.S. (2004) A Methodology for Critical Science in Nursing. Advances in Nursing Science. Vol 27 (2) 93-101

Department for Education Services (2004) Every Child Matters: Change for Children. HM Government publication

Henggler, SW, Schoenwald SK, Pickrel SG (1995) Multisystemic therapy: Bridging the gap between university and community based treatment. Journal of Consulting and Clinical Child Psychology. 63,5,709-717.

Source of Funding
none

Thursday 23 March

14.15 - 15.45
Concurrent session 7

7.1.1

Developing a haematology practice development and research unit at an acute hospital trust

Annette Jinks, Professor of Clinical Nursing Research, Faculty of Health & Social Care, Liverpool John Moores University, Merseyside, United Kingdom.

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Abstract:

The focus of this paper is development of a Haematology Practice Development and Research Unit (PDRU) at an Acute Teaching Hospital Trust in the North West region of the UK. The aims of nursing practice development units generally are to pioneer evaluate and disseminate innovative practice initiatives which also facilitate the professional development of practitioners. Accreditation and support of such units in the past has been notably provided by the King's Fund utilising Department of Health funding. McSherry et al (2003) also describes a newly devised Excellence In Practice Accreditation Scheme (EPAS) that measures standards of practice for a given health and social care setting by providing objective data indicating the level of clinical excellence obtained for a team or organisation.

Evaluation of such units has been also provided by, for example, Pearson (1997) and Gerrish (2001). Gerrish in particular reports that the rhetoric of successful practice development units sometimes differs from the reality of how they function. Factors which influence the success of the units largely depend on strong leadership, motivation and commitment of the unit team members, having adequate financial resources and robust support provided by managers, medical staff and educational institutions. The aim of the PDRU that is the focus of this abstract is to develop and enhance clinical practice over a three year period.

Three small research projects have been identified and staff involved in these projects, will on successful completion of an appropriate piece of academic work be eligible for the award of academic credit validated by a local University using accreditation of work based learning principles. The paper to be presented will describe the processes undertaken in setting up the unit and how accreditation of the unit and work-based learning have been approached.

Recommended reading:

Gerrish K (2001) A pluralistic evaluation of nursing/ practice development units Journal of Clinical Nursing, 10, 1, 109-118

McSherry R, Kell J & Mudd D (2003) Best practice using Excellence in Practice Accreditation Scheme. British Journal of Nursing 12, 10, 623-9

Pearson A (1997)An evaluation of Kings Fund Centre Nursing Development Unit network 1989-91 Journal of Clinical Nursing, 6, 25-33

Source of Funding

None at present

7.1.2

Do nurses properly identify patients prior to initiating blood transfusion? Results of the first observational research study in the UAE

Belal Hijji, Assistant Director of Nursing, Nursing, Mafraq Hospital, Abu Dhabi, U.A.E.

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Abstract:

Background:

The commonest cause of most fatal transfusion reactions is patient identification error. The nurses' role being crucial in ensuring correct identification. Because of the importance of this function, a validated observation schedule was used to evaluate nurses' skills linked to the care delivered to transfused patients.

Aim:

Document the steps nurses follow to identify the right patient prior to commencing a blood transfusion. These steps are: asking the patient to state his/her name when possible; asking the patient to state his/her date of birth when possible; and ensuring that patient identification details on blood bag, blood request form, ID band and drug chart are identical.

Method:

Non-participant structured observations. Forty nine randomly selected nurses on six wards in 2 government referral hospitals in Abu Dhabi, UAE were observed 10 minutes before leaving the ward to collect a unit of blood up till 15 minutes post initiation of the transfusion. All nurses consented to be observed.

Results:

Only 3 nurses (6%) asked patients to state their names. Sometimes patients replied "yes" when nurses called their name. Non of the nurses asked a patient to state his/ her date of birth. However, twenty three nurses (46.9%) checked patients' ID bands. Only 1 nurse (2%) matched patient identification details on blood bag, request form, ID band and drug chart.

Conclusion:

The results indicate a risky practice and an urgent need to improve the skills that nurses have to follow in order to properly identify a patient before starting the transfusion.

Recommended reading:

British Committee for Standards in Haematology (1999). The administration of blood and blood components and the management of transfused patients. Transfusion Medicine. 9; 227-238.

Source of Funding

none

7.1.3

A study of the experiences of marginalized children and young people and their key workers in participation and involvement work

Dawn Scott, Nurse Consultant in Public Health, School of Health, Community and Education Studies, Northumbria University, Newcastle upon Tyne, United Kingdom

Co authors: Chris Drinkwater; Susan Carr

Abstract:

Introduction:

Public and patient involvement is not new. Even as far back as the late 1960's Sherry Arnstein (Arnstein, 1969) argued that true involvement only occurs with a transfer of power either fully or partially to the public. Many organisations have made positive moves to provide more accessible information to patients about health and health care but have struggled to implement action that ensures true public and patient involvement. This may be due to the difficulties associated with relinquishing power to the public, with devolved decision making having a massive impact on the power relationships between professionals and the lay public and patients (Longley 2001). Within the current policy context of greater public and patient involvement in shaping and modernising public services and reducing social isolation, it seems appropriate to ensure we have in place robust systems to ask those marginalized by society and circumstance for their views. It is also important in doing so that we examine what that experience was like and how effective that involvement has been. Marginalized children and young people, because of their health, education and social circumstances might have greater need to influence services because they do not fit into the norm that many services are built and based on.

Aim of Research:

To determine how we can ensure through the advocacy and facilitation of key workers, that marginalized young people have a positive experience of participation and involvement.

Aim of presentation:

To debate the relevance of story telling and narrative analysis in listening to the experiences of marginalized children and young people and their key workers.

Research Methods:

Key workers to tell their stories through narratives and semi-structured interviews Marginalized children and young people to tell their stories through narratives Sample: 10 - 15 marginalized children and young people and their key workers Analysis: Thematic and narrative analysis.

Results:

The narratives provide a clear context in which the analysis can take place, and place the researched in a stronger, empowered position to tell their story rather than a guided one whereby the researcher takes total control. As such data has emerged that otherwise would not have been sought which adds reality, substance and depth to the data.

Recommended reading:

Arnstein S R (1969). A Ladder of Citizen Participation. American Institute of Planners Journal, July, 216-224

Longley M (2001). Incommensurate Paradigms? Bridging the divide between technocrats and the lay public in health care planning: recent experience from Wales. International Journal of Consumer Studies, 25,3, pp255 – 264. 3.

Source of Funding
Northumberland Care Trust

7.2.1

Fathering, health and social connectedness: The health experiences of African-Caribbean and white working class fathers

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Abstract:

This paper draws upon some of the findings from qualitative empirical research undertaken with working class fathers, of diverse ethnic backgrounds, which explored their discourses regarding health, fathering and social connectedness. Seventy-nine British working class fathers were recruited, using purposive sampling, for participation in semi-structured group and individual interviews. This interpretative methodology enabled exploration and analysis of the interactive effects of social structures and human agency, specifically in relation to gender, ethnicity and social class. The purpose of the paper is examine the experiences of African-Caribbean and White working class fathers, in order to establish the significance of social connectedness for men's health.

Findings indicated that the dominant way in which men talked about health was as functional capacity, which was linked to men's domestic and paid work responsibilities, but also, for the African-Caribbean men, linked to perceived or anticipated racism within work and community settings. Both ethnic groups of men shared reflexivity about transgressive and 'healthy' practices (regarding 'going on the beer', for example). Changes in men's transgressive and 'healthy' practices were also associated with the experience of fathering. However, within men's discourses, health was rarely associated with social connectedness. Indeed men were often involved in solitary ways of thinking, feeling and acting in order to deal with their perceived vulnerability. Implications for research, policy and the practice of nurses, health visitors, and midwives are identified. Official forms of professional intervention, focussing upon individual 'choice', 'behaviours' or 'lifestyles' (see Department of Health, 2004, for example), are challenged, in order to consider the significance of masculinities, social class and ethnicity for mental health promotion with working class fathers.

Recommended reading:

Department of Health (2004) 'Choosing health: making healthier choices easier'. London: Department of Health.

Source of Funding
Queen's Nursing Institute

7.2.2

If I'm poorly I go to the doctor, simple as that: The differences and similarities between white and South Asian men on the masculine influences on the decision to seek help for acute chest pain

Paul Galdas, Lecturer in Nursing, Acute and Critical Care, University of Sheffield, Rotherham, United Kingdom

Co authors: Francine Cheater; Paul Marshall

Abstract:

Presentation:
Overview of study, results, and implications for healthcare policy and practice.

Background:
Men's reluctance to access health services is the principle health related issue facing men in the UK (White 2001). Men's performances of the masculinity may prevent prompt help seeking (Galdas et al 2005). Previous studies have ignored South Asian men's experiences and whether their help-seeking patterns are similar to white men in the UK.

Aim:
'To explore the similarities and differences between White and South Asian men on the influence of masculinity on the decision to seek medical help for chest pain'.

Method:
The study used Strauss and Corbin's (1990) grounded theory approach employing depth-interviews. Theoretical sampling strategy was used to recruit 28 South Asian men and 32 White men admitted with chest pain in two Hospitals in North of England. Grounded theory analysis was aided by NVivo.

Main Findings:
- White men were reluctant to seek help for their pain due to perceptions they should be able to endure pain 'as a man' – a pattern corresponding to the adherence to hegemonic forms of masculinity.
- The majority of South Asian men perceived their chest pain as 'worthy of concern' and had often visited their GP – a pattern corresponding to a culturally distinct form of masculinity borne out of South Asian notions of masculine behaviour.
- Acculturation appeared to lead to an alignment with hegemonic forms of masculinity that hindered help seeking.

Discussion & Conclusions:
The suggestion 'men in general' are reluctant to seek help is ethnocentric. Being seen to be 'acting like a man' in the context of seeking medical help is different for White and South Asian men. Dominant masculine behaviours appear to be being transformed in the UK. The findings of the study can inform culturally sensitive healthcare policy and provision.

Recommended reading:

Galdas P.M. Cheater F. and Marshall P. (2005) Men and health help-seeking behaviour: literature review Journal of Advanced Nursing 49(6); pp616-623

Strauss A. and Corbin J. (1990) Basics of Qualitative Research: Grounded Theory Procedures and Techniques Sage; London

White A.K. (2001) Report on the Scoping Study on Men's Health March 2001; HMSO

Source of Funding
PhD fellowship - University of Leeds

7.2.3

Exploring the influence of culture on diabetes self-management: Perspectives of Gujarati Muslim men

Elizabeth Fleming, Senior Research Fellow, Department of Nursing, University of Central Lancashire, Preston, United Kingdom.

Email: efleming@uclan.ac.uk

Co authors: Bernie Carter; Judith Pettigrew

Abstract:

Background:
Current healthcare research and policy often takes an oversimplified approach, in which culture becomes blamed for deviant or noncompliant self-management behaviours (see Audit Commission, 2000; Hjelm, 2005). In contrast, this study was informed by a subjective approach, in which culture is seen as a dynamic, complex and contested entity (Csordas, 2002).

Aim:
To explore the influence that culture has on diabetes (type 2) self-management for Gujarati Muslim men.

Methods:
Using an interpretive approach, narrative and observation data were gathered from five Gujarati Muslim men. These data along with narrative accounts from significant others, were thematically analysed over several cycles. Purposive sampling was used to select participants.

Results:
The findings demonstrate that the Gujarati Muslim man's culture is in a constant state of flux, as he continually negotiates its meaning within the context of his present lived experience. Therefore, the man's culture does not influence his diabetes self-management in a rigid and prescriptive way, but instead his culture and self-management are interwoven and negotiated through his self. This negotiation occurs within a complex context of interacting factors, which involves other aspects which are equally as important as culture in shaping self-management, such as material and structural factors. Because culture exists within a shifting and fluid context, its influence on self-management is subject to change, negotiation and re-creation.

Discussion:
The perspective taken in this research is a considerable move away from the oversimplified perspective of culture, taken in much current healthcare policy and research. The subjective perspective of culture adopted, enables the realisation that the participant's culture, influences his self-management in neither homogenous nor deterministic ways.

Conclusion:
Culture is contextually situated. Therefore, a man uses his culture in association with many other important interacting factors, in an indeterminate number of ways to inform his self-management.

Recommended reading:

Audit Commission (2000) Testing Times: a review of diabetes services in England and Wales. Audit Commission for the Local Authorities and the National Health Service in England and Wales: London.

Csordas, T. (2002) Body/ Meaning/ Healing. Palgrave Macmillan: Hampshire.

Hjelm, K., Bard, K., Nyberg, P. and Apelqvist, J. (2005) Beliefs about health and diabetes in men of different ethnic origin. Journal of Advanced Nursing. Vol 50, pp 47-59.

Source of Funding
Full-time PhD Bursary, Department of Nursing, University of Central Lancashire

7.3.1

Research Priorities for Nursing & Midwifery in Southern Ireland

Geraldine McCarthy, Professor and Head of School, School of Nursing and Midwifery, University College Cork, Cork, Ireland

Co authors: Eileen Savage; Elaine Lehane

Abstract:

Background:
Studies to identify research priorities for nursing and midwifery have been conducted in a number of countries and this need has been recently recognised in Ireland. A fundamental argument underpinning the increasing number of publications on prioritising research areas for nursing and midwifery is the need to advance knowledge and practice towards addressing major health and care related problems with the ultimate goal being to improve outcomes of care. Identifying research priorities specific to Ireland is important because of differences in some major health problems in this country compared to others. There is also a need to identify research priorities at regional level because of differences between geographic regions that could impact on nursing and midwifery services and care including demography, morbidity and mortality rates, and access to services. The study therefore considers the identification of research priorities for nursing and midwifery in the Southern Health Board area of Ireland. The study was conducted under the auspices of the Nursing and Midwifery Practice Development Unit, Southern Health Board.

Aim
The aim of the research was to identify the research priorities for nursing & midwifery in the Southern Health Board Area

Research Methods:
A multi-method design was used involving two stages: Stage 1 - Analysis of national and international published studies, policy documents and published reports of relevance to research priorities in the Irish context - Focus groups conducted with 70 nurses/midwives practicing in clinical, management and educational positions - Data analysed using thematic analysis Stage 2 - Questionnaire developed (based on thematic analysis of focus group data and review of literature) to determine low, medium and high research priorities for clinical practice, education and management. - Questionnaires were distributed to 520 nurses (response rate 474). - Statistical analysis performed using SPSS Results Results prioritized; impact of staff shortages on retention of RNs/RM's (80%); quality of life of chronically ill patients (76%); stress and bullying in the workplace (76%); assessment and management of pain (75%); skill mix and staff burnout ((73%); cardio-pulmonary resuscitation decision making (72%); co-ordination between hospital and primary care settings (69%); medication errors (67%); and promoting healthy lifestyles (64%). Respondents also indicated that these priorities warranted immediate attention. These findings have implications for the development and funding of research in the region.

Conclusions:
The results of the study will guide researchers, students and others in their choice of research topic and its relevance to the area in which they practice. The findings will also direct funding agencies in the selection of priority areas for financial support and in addition, will aid the further development of the School research strategy in collaboration with local health service providers.

Recommended reading:
Ross,F., Smith,E., Mackenzie,A. and Masterson,A. (2004). Identifying research priorities in nursing and midwifery service delivery and organisation: a scoping study. International Journal of Nursing Studies, 41(5), 547-558.

Averis, A. and Pearson, A. (2003). Filling in the gaps: identifying nursing research priorities through the analysis of completed systematic reviews. Joanna Brigs Institute Reports, 1, 49-126.

Chang, W.Y. (2000). Priority setting for nursing research. Western Journal of Nursing Research, 22(2), 119-122.

Source of Funding
Nursing & Midwifery Planning & Development Unit, Southern Health Service Executive

7.3.2

The establishment of a Scottish Research Nurse and Coordinators' Network and its role in the development of research capacity and capability

Juliet MacArthur, Senior Nurse - Research, PRDE UNit, Lothian University Hospitals NHS Trust, Edinburgh, United Kingdom.

Email: juliet.macarthur@luht.scot.nhs.uk

Co author: Gordon Hill

Abstract:
This paper will report on the establishment of a Scottish Research Nurse and Co-ordinator's Network (SRNCN). It will review the original impetus that came from two studies undertaken in Lothian that investigated the education and support needs of approximately 100 clinical research nurses (MacArthur & Hill 2003). The majority of the respondents reported feelings of isolation, with little, or no, professional support or CPD opportunities and it led to the creation of a Research Nurse Forum in Lothian. As well as being involved in the evaluation of new treatment regimes, research nurses frequently provide specialist care at the forefront of medical science (Raja Jones 2002). They play a significant role in managing research governance requirements and their expert knowledge can make them a valuable resource for novice nurse researchers attempting to negotiate these research processes (Howarth and Kneafsey 2005). The paper will argue that the role could be viewed as an important element of a nursing research career pathway. The SRNCN has been established through collaboration between local Research Nurse Forums in Edinburgh, Glasgow, Dundee and Aberdeen.

Network Aims:
The SRNCN provides a forum that aims to: share knowledge and expertise develop common working guidelines and, where appropriate, share standard operational procedures (SOPs) influence and promote the educational and support needs of this professional group identify, facilitate and develop collaborative training programmes and partnerships The Network's website (www.show.scot.nhs.uk/srncn), which includes a discussion forum and is attracting interest further afield in the UK and abroad. The paper will contribute to the development of knowledge of the relevance of the role of research nurses in building research capacity and capability within the NHS, and create the opportunity to further develop networking opportunities beyond Scotland.

Recommended reading:
MacArthur J & Hill G (2003) Research Nurse Survey and Establishing local professional and educational support for Research Nurses. Unpublished studies Lothian University Hospitals Division.

Howarth ML & Kneafsey (2005) The impact of research governance in healthcare and higher education organizations. Journal of Advanced Nursing Volume 49(6), March 2005, p 675–683

Raja-Jones H (2002) Role boundaries-research nurse or clinical nurse specialist? A literature review. Journal of Clinical Nursing 11(4):415-20.

Source of Funding
None

7.3.3

Implementation of a joint research strategy involving higher educational institutions and health partners

Julie Jones, Clinical Audit/Research Manager, Wrexham Maelor Hospital, North East Wales NHS Trust, Wrexham, United Kingdom

Co authors: Mary Popplewell; Ruth Daniels

Abstract:
The initial stages of work being undertaken across North East Wales to develop a Joint Research Strategy was presented at the RCN Conference in 2003 and this paper reports on the considerable and important advancements in the implementation of the Strategy over the past two years. The Research Governance Framework (DoH 2001) requires health and social care organisations to promote a research culture in their organisation and ensure that staff are supported in, and held accountable for, the professional conduct of research. In Wales, recent policy documents also necessitate the building of research capacity in health and social care in order to develop a high quality workforce (NAfW 2002 p. 31) and deal with recruitment and retention problems by supporting initiatives and developments (NAfW 2001). Across North East Wales partnership working has successfully converted policy into action through the development and implementation of a Joint Research Strategy involving partners in Higher Educational Institutions and Health. The Strategy has been developed using an action research cycle (Burns 2000) which has enabled the Partnership to evaluate and reflect on progress whilst supporting continued development of the Strategy and accompanying activities. The evolving and developing partnership has resulted in the production of a Strategy that is meaningful to all, is achievable and realistic.

The paper reports on:

- the benefits of a joint research strategy and how these meet the Clinical Governance Agenda.
- The 'strategy' adopted to develop the Joint Research Strategy utilising the skills and knowledge of all partners
- the process of developing, implementing, disseminating and monitoring the strategy using the action research model
- How working towards the development of the Strategy can benefit local researchers, influence

governance arrangements and support joint working.

Recommended reading:

Burns R B (2000) Introduction to Research Methods. Sage Publications.

Department of Health (2001) Research Governance Framework for Health and Social Care. DoH.

National Assembly for Wales (2001) Improving Health in Wales: A Plan for the NHS and its Partners. NAfW.

Source of Funding
none

7.4.1

Abstract withdrawn

7.4.2

Standards to assure quality in research in a department of nursing

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Co authors: Jakkie Bornman; Annatjie Botes

Abstract:
Research is one of the foundational pillars of nursing as a recognised profession – nevertheless nursing research in South Africa, as elsewhere the world, is not thriving; it lacks productiveness and application. Research remains the domain of educational institutions, of which only some excel. This unpalatable truth exists in spite of the stringent demands of professionalism and the legal imperative to do research. This international dilemma has been a challenge since the early 1970's. The focus of this presentation is quality assurance in nursing research. Due to well-established problems regarding the education of nursing research and increasing pressure to take responsibility for the quality of all educational activities, departments of nursing are obliged to initiate actions to assure quality in nursing research. A nursing department functions within a well-defined external context, which comprises of various aspects such as role player expectations and educational and professional legislation. Standards are the basic components of any quality assurance system (Booyens, 1996:305). Standards give direction to the practitioner and must be compiled within the context of the country's cultural, philosophical and ethical value systems, as well as its social, economic and political development. The premise of the study was that if the education of research, indeed the total management of research within a department of nursing, is subjected to quality assurance, the outcome in terms of nursing research will be positive. The research objective addressed in the study was to formulate and validate standards against which quality in research in a nursing department can be judged. Muller's phases of standard formulation (1998:69) were used as the methodological basis for the study. Optimal, specific standards were formulated using a deductive process and validated by implementing the standards in a department of nursing. The methodology as well as the standards and criteria will be presented.

Recommended reading:

Booyens, S.W. (ed.). 1996. Introduction to health services management. Kelwyn: Juta.

Muller, M. 1998. Quality Improvement in Health Care. In. Booyens, S.W. (ed). 1998. Dimensions of Nursing Management. Kelwyn: Juta.

Source of Funding
National Reserch Foundation Ref Number 15/1/4/3/00078

7.4.3

Modelling of individualised patient care, patient satisfaction, patient autonomy and health-related quality of life

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Co authors: Maritta Välimäki; Helena Leino-Kilpi

Abstract:

Background:
Nurses have an important role in the patient recovery process. Individualised nursing care, which is preferred by patients, is a process aimed at tailoring nursing care to the patient's clinical and personal life situation and encouraging them to actively participate in their care.1 Correlated to Individualised care2 are patient autonomy, patient satisfaction and health-related quality of life. At present there is little evidence about how individualised care affects patient outcomes.

Aim:
To describe the impact of individualised nursing care on patient satisfaction, patient autonomy and health-related quality of life.

Methods:
A correlational survey using a random sample of 861 acute hospital patients (response rate 84%) was used to investigate the associations between individualised care (Individualised Care Scale)1, patient satisfaction with nursing care (Patient Satisfaction Scale), patient autonomy (Autonomy Scale) and perceived health-related quality of life (HRQoL; the 15D measure). The hypothetical model was empirically tested using structural equation modelling (LISREL) implementing the Maximum Likelihood estimation procedure.

Results:
The associations between the concepts were verified. Individualised care explained the variance in the dependent variables: patient satisfaction, patient autonomy and HRQoL. The initial model, permitting all possible covariances, showed a good fit between the variables; 2 (df 4) = 8.51, p = 0.075; GFI = 1.00, CFI = 1.00. Independent variables supported individuality through nursing interventions (ICS-A) and the perception of individuality in their own care (ICS-B) and accounted for 58% of the variance in the frequency of individualised care.

Discussion:
This study confirms that individualised care has a positive impact on patient autonomy, satisfaction and health-related quality of life. It is important that nurses are aware of this and can use this awareness to promote positive patient outcomes.

Conclusions:
Nurses need to focus on interventions which facilitate patient individuality because such interventions maintain and promote positive patient outcomes.

Recommended reading:

Suhonen, R., Leino-Kilpi, H. & Välimäki, M. (2005) Development and psychometric properties of the Individualised Care Scale. Journal of Evaluation in Clinical Practice 11, 7-20.

Suhonen, R., Välimäki, M. & Leino-Kilpi, H. (2005) Individualised care, quality of life and satisfaction with nursing care. Journal of Advanced Nursing 50, 283-292.

Source of Funding
Research Foundation for Nursing Education, The Finnish Cultural Federation, Kanta-Häme hospital district EVO grant-in-aid

7.5.1

Children's nurses' pain management practices: Theoretical knowledge, perceived importance and decision-making

Alison Twycross, Principal Lecturer in Children's Nursing, Faculty of Health and Social Care Sciences, Kingston University, St George's University of London, London, United Kingdom.

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Abstract:

Background:
Children continue to experience unrelieved moderate to severe pain post-operatively (Kotzer 2000; Swallow 2000; Polkki et al. 2003). Previous studies have suggested several factors to explain this. However, the impact of these factors on practice has not been explored. Nor have children's nurses' clinical decision-making strategies been examined.

Aims:
This paper will discuss a case study that set out to ascertain:

- How the perceived importance of pain management tasks impacted on practice
- How theoretical knowledge impacted on practice
- How what nurses said they did compared to what they actually did
- How nurses make decisions when managing pain in children

Methodology:
Qualitative (participant observation and the think aloud technique) and quantitative (questionnaires) methods were used to obtain an in-depth picture of children's nurses' post-operative pain management practices. As well as examining some aspects of pain management for the first time, new perspectives were explored in relation to other well researched issues, including whether theoretical knowledge about pain management is applied in practice.

Results:
The perceived importance of a pain management task did not affect the likelihood of it being undertaken. A good level of theoretical knowledge appeared not to affect the quality of a nurse's pain management practices. A lack of congruence was found between what the nurses said they do and what the nurses actually did. Observational data indicated that nurses generally did not follow current recommendations fully when managing pain. Nurses appeared to use non-expert decision-making strategies regardless of their years of experience or level of academic attainment. A hypothetico-deductive (analytical) model of decision-making seemed to be used.

Discussion:
For post-operative pain management practices to be effective, it appears that nurses need to have

not only the right attitude and the right knowledge but also the ability to make the right decision. However, it is probable that other factors are also involved.

Recommended reading:
Kotzer, A.M. (2000) Factors predicting postoperative pain in children and adolescents following spine fusion, Issues in Comprehensive Pediatric Nursing, 23: 83-102.

Swallow, J., Briggs, M. and Semple, P. (2000) Pain at home: Children's experience of tonsillectomy, Journal of Child Health Care, 4(3): 93-98.

Polkki, T., Pietila, A-M. and Vehvilamen-Julkunen, K. (2003) Hospitalized children's descriptions of their experiences with postsurgical pain relieving methods, International Journal of Nursing Studies, 40: 33-44.

Source of Funding
Smith and Nephew Research Fellowship (partial funding)

7.5.2

Developing a method to aid informed consent when interviewing children and young people

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Abstract:
It is recognised that involving children and young people directly in research is essential to gain their perspective and opinions. Issues faced by qualitative researchers interacting with children and young people can involve, power in the researcher-participant relationship, balancing the role of the practitioner-researcher, obtaining free and informed consent/assent and protection of confidentiality (Mishna et al 2004). It is therefore important that researchers provide sufficient information to ensure that children and young people understand the purpose of the research, what they are being asked to do, what they can expect and that they are not obligated to participate (Mahon et al 1996), issues such as who will be present during the interview, the role of the researcher and how to withdraw from involvement must also be discussed. It is well documented that it is important to discuss ethical issues prior to commencing an interview and this is especially vital in research involving children and young people. Little practical guidance is offered in the literature to help discussion of issues such as confidentiality and researcher roles. It was felt from personal experience conducting a current research project that although it was easy to tell children and young people about these issues – a discussion did not naturally ensue and often it was questioned what level of understanding they had of these concepts. An exercise was designed called 'ground rules' which contains cards, pictures and definitions of terms such as consent and confidentiality, which could be altered to be developmentally appropriate for different age groups. This will have been trialled with over 10 children and young people in the course of a research study. The presentation will include discussion of the pertinent ethical issues relevant to children and young people and reflection and feedback from use of this exercise in practice.

Recommended reading:
Bricher, G (1999) Children and qualitative research Methods:a review of the literature related to interview and interpretive processes. Nurse Researcher 6, 4, 65-77

Mahon, A et al 1996 Researching Children: methods and Ethics. Children & society 10, 145-54

Mishna, F et al (2004) Tapping the Perspectives of Children. Qualitative Social Work 3, 4, 449-468

Source of Funding
none

7.5.3

Nurses' management of pain in children with cancer: A comparative study between Sweden, South Africa and the United Kingdom

Nicola Eaton, Director of Children's Palliaitve Care Research, Centre for Child and Adolescent Health, University of the West of England, Bristol, United Kingdom

Co authors: Karin Enskar; Gunilla Ljusegren

Abstract:
Pain is one of the most common reported side effects of treatment for cancer in children. Pain resulting from procedures and treatment are most frequently mentioned and are often considered the worst aspect of having cancer. The aim of this study was to identify and describe the knowledge and attitudes to pain and pain management, among nurses working with children with cancer. The study also aimed to compare the perspectives of pain and pain management of nurses from Sweden, South Africa and the United Kingdom. The participants were 106 nurses working with children with cancer in the three countries. A questionnaire (originally developed by Salantera and Lauri 2000) measuring knowledge and views of pain in children, methods of pain assessment and non-pharmacological pain management was used. The results showed that the nurses had a fairly good level of knowledge as well as positive pain management attitudes. This paper will present details of the results of this study, report on the specific results for nurses in each country and discuss the implications for nurses working with children in cancer in Sweden, South Africa and the United Kingdom.

Recommended reading:
Salantera S and Lauri S (2000) Nursing students' knowledge of and views about children in pain. Nurse Education Today 20(7): 537-47

Source of Funding
Health and Social Care Faculty Small Grant

7.6.1

Assessment of ICU nurses' knowledge and practice competence in performing tracheal suctioning

Maria Angeles Margall, Nurse Manager, Intensive Care Unit, Clínica Universitaria de Navarra, Pamplona, Navarra, Spain

Co authors: Amparo Martinez; Mª Carmen Asiain, Noelia Ania, Maite Eseberri

Abstract:
Background:
Tracheal suctioning is an essential aspect of effective airway management. However, this procedure has many associated risks for patients. Thus, it is extremely important to know whether nurses perform it correctly and if their practice is evidence-based.

Objectives:
1) to assess nurses' knowledge and competence in performing tracheal suctioning in a general intensive care unit; and

2) to study the possible discrepancies between knowledge and practice.

Method:
A convenience sample of thirty-four nurses were observed while performing tracheal suctioning using non-participant observation with a structured observation schedule. The schedule included 19 aspects, grouped into 6 categories: patient information, infection control, hipoxaemia prevention, catheter selection, suctioning technique (insertion, duration of suctioning, number of suctioning passes) and avoidance of isotonic sodium chloride. Nurses were also given a 19-item self-administered questionnaire exploring their knowledge on tracheal suctioning. It was developed on the basis of the scientific evidence available and explored the same aspects included in the observation schedule. Demographic data of the sample were also collected.

Findings:
Nurses mean age was 34 (min.22-max.43; SD=6.3) and had an average of 10.7 (min.1-max.20; SD=5.8) years of experience working in ICU. They attained a mean value of 12.09 (min.10-max.17; SD=1.71) for a maximum score of 19 in the practice schedule, while in the knowledge questionnaire the mean score was 14.24 (min.11-max.19; SD=2.05). When analysed by categories, discrepancies between knowledge and practice were found in some of the studied aspects. There were no statistically significant differences when comparing the total scores attained, both in practice and knowledge, in relation to the nurses' work experience in intensive care.

Conclusions:
Nurses' knowledge on the procedure was better than their performance on practice. Discrepancies between practice and knowledge were also found in some of the evaluated aspects. The implications for training ICU nurses will be discussed.

Recommended reading:
Day, T., Farnell, S., Haynes, S., Wainwright, S. & Wilson-Barnett, J. (2002).Tracheal suctioning: an exploration of nurses´ knowledge and competence in acute and high dependency ward areas. Journal of Advanced Nursing, 39:35-45.

Henneman, E.& Ellstrom, K. (1999). Airway management. Care of the mechanically ventilated patient. Protocols for practice. American Association of Critical Care Nurses,1-44.California (USA).

Sole, M.L., Byers, J.F., Ludy, J.E., Zhang, Y., Banta, C.M. & Brummel, K. (2003). A multisite survey of suctioning techniques and airway management practices. American Journal of Critical Care, 12:220-232.

Source of Funding
none

7.6.2

Managing chronic disease: A case study of an innovative role in respiratory nursing practice

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Email: sj.mcilfatrick@ulster.ac.uk

Co authors: Hugh McKenna, Sinead Keeney

Abstract:

Background:

The increased incidence of chronic disease in recent years represents a significant challenge for the National Health Service. This coupled with many health service reforms in recent years has resulted in many changes in the delivery of healthcare in the UK. One of the most visible is the proliferation of new nursing and midwifery roles. One such role is the Respiratory Nurse Specialist.

Aims:

The aim of this paper is to explore the role of the RNS from the post holder and service perspective. This includes examining the organisational infrastructure, working relationships, career paths, perceived benefits and enablers and barriers required to make this role successful

Methods:

A naturalistic case study methodology was adopted and a variety of data collection approaches was used. These included: semi-structured interviews with the post-holder and her line manager and Director of Finance, non-participant observation of her practice, review of her job description and other relevant documentation relating to the post, and audit data.

Findings:

Findings reveal evidence of the role being innovative and effective. These relate to the context for the role; delivery of the role, the skills and knowledge required; the personal characteristics of the post holder, the impact on multidisciplinary integrated working and the response to the needs of patients and communities.

Conclusions:

This case study helps to illustrate the value and potential of nurses to lead and co-ordinate the care for patients with chronic diseases, and specifically the provision of a high quality respiratory service.

Recommended reading:

Department of Health (2004) Improving chronic disease management. http://www.dh.gov.uk.assetRoot/04/07/52/13/04075213.pdf accessed 2nd September 2005

Ketelaars, A.J.C., Abu-Saad, M.H., Halfens, J.G.R., Schlosser, M., Mostert, R. & Wouters, E. (1996). Quality of care of patients with chronic obstructive pulmonary disease provided y specialisezed community nurses: a process evaluation. Health and Social

Mills N, Campbell R. & Bachman M.O. (2002) Professional and organisational obstacles to establishing a new specialist service in primary care: case study of an epilepsy specialist nurse. Journal of Advanced Nursing 37 (1), 43-51.

Source of Funding

Northern Ireland Practice Education Council

7.6.3

Making beds: The role of the nurse in an acute medical admissions unit

Pauline Griffiths, Senior Lecturer, School of Health Science, University of Wales Swansea, Swansea, Wales, United Kingdom.

Email: p.a.griffiths@swan.ac.uk

Abstract:

Acute medical admissions units (AMAUs) are found in district general hospitals throughout the UK (Woods 2000). These units were set up as part of a politically led strategy to reduce waiting times for acute medical admissions (Houghton & Hopkins 1996). Despite the important contribution of the nurse to the work of such units there is a paucity of research into the role of the AMAU nurse. Drawing on the findings from a qualitative study using an ethnographic approach, the role of the nurse in one unit will be discussed. Data were obtained from participant observation undertaken part-time over eighteen months and semi-structured interviews, using purposive sampling with seven nurses, four medical staff, two paramedics, and seven patients. A key theme that emerged related to the role of the nurse in facilitating the provision of empty beds to receive new patients: this I termed 'making beds'. Nurses assumed responsibility for patients in the community waiting to be admitted as well as those in their care on the unit and often had to 'stack' patients. Managing this aspect of their work created pressure for the nurses. Drawing on the demand-control-support model of work place stress (Baker et al 1996) this pressure inducing aspect of the nurse's role will be presented. The findings from this study provide valuable insights into the role of the AMAU nurse and add to the existing limited body of knowledge. Recommendations for future research are also suggested.

Recommended reading:

Baker, E., Israel, B., & Schurman, S. (1996). Role of control and support in occupational stress: an integrated model. Social Science & Medicine, 43(7), 1145-1159.

Houghton, A., & Hopkins, A. (1996). Acute medical admissions: results of a national study. Journal of the Royal College of Physicians of London, 30(6), 551-559

Wood, I. (2000). Medical assessment units in the West Midlands region: a nursing perspective. Accident & Emergency Nursing, 8, 196-200.

Source of Funding

Employer

7.7.1

The research coordinator role in Australasian intensive care units: Results of binational survey

Claire Rickard, Associate Professor in Clinical Research, School of Nursing and Midwifery, University of Tasmania, Launceston, TAS, Australia.

Email: claire.richard@utas.edu.au

Co authors: Brigit Roberts; Jonathon Foote; Matthew McGrail

Abstract:

Introduction:

Research Coordinator (RC) positions provide one of the few opportunities for nurses to specialise in a clinically based research career. Such positions are rapidly growing but are often poorly understood, perhaps due to limited research into the role.

Aims:

1. Describe the cohort in terms of demographics, education and work experience

2. Describe the current role and structure

3. Measure the level of job satisfaction

4. Measure the importance of various job aspects to RCs

5. Develop priorities for role development Method Ethics committee approval was obtained.

An invitation to participate was distributed to a closed mailing list of the Australia and New Zealand Research Coordinators Interest Group (IRCIG). Participants (n=49) entered a secure, anonymous website and completed a questionnaire including demographics, the McCloskey-Mueller Satisfaction Scale (MMSS), Importance Scale (MMIS), and open ended questions. (1)

Results:

RCs were predominantly female nurses with significant educational qualifications and clinical experience. There was significant commonality in role, but extreme variations in job structure and conditions. Job satisfaction was relatively high (mean 3.84, 5 point scale, 1=very unsatisfied, 5=very satisfied) and the importance of job variables to RCs was very high (mean 4.27, 5 point scale, 1=very unimportant, 5=very important).

Discussion:

RCs are an important part of the modern evidence-based practice environment. They perform a unique role at the nexus of clinical care and research investigation. Priority areas for role development are identifiable from variables rated as highly important but of low satisfaction: compensation for working weekends, salary level, recognition by ICU management, career advancement opportunities, the number of hours worked, and non-salary remuneration.

Recommended reading:

1. Mueller, C. W. and J. C. McCloskey (1990). "Nurses' Job Satisfaction: A proposed measure." Nursing Research 39(2): 113-117.

Source of Funding

none

7.7.2

Clinical research nurses: Experiences of the role and potential contribution to clinical trials

Karen Spilsbury, Research Fellow, Health Sciences (Research), University of York, York, United Kingdom

Email: ks25@york.ac.uk

Co authors: Emily Petherick, Jane Nixon, Andrea Nelson, Gillian Cranny, Cynthia Iglesias, Kim Hawkins, Nicky Cullum, Angela Phillips, David Torgerson, Su Mason on behalf of the Pressure Trial Group

Abstract:

Background:

Over the past two decades, there have been increases in the numbers of nurses working as Clinical Research Nurses (CRNs) and demand for CRNs is likely to increase with the advent of the UK Clinical Research Network. The wide-ranging demands of these research roles and the knowledge, skills and expertise required by CRNs to undertake such roles, are recognised in the

publication of an employment brief by the Royal College of Nursing (RCN, 1998). However, there is a gap in research exploring CRNs' experiences of their role and the potential ways they can contribute to clinical trials.

Methods:
A focus group was carried out with 9 CRNs from 5 UK NHS Acute Trusts participating in a multi-centre trial of pressure area care (Nixon et al, in press) The focus group offered an opportunity for CRNs to share their experiences of their role and their perceptions and observations of the quality of pressure area care. The CRNs had been ideally placed throughout the trial period as 'informal' participant observers. The focus group was analysed using content analysis (Hammersley & Atkinson 1995) and process analysis of group interactions.

Findings:
CRNs described the challenges associated with adapting to a clinical research role. They reported a lack of confidence in the role, difficulties distinguishing between their role of researcher and nurse, challenges of gaining cooperation of clinical staff to participate in the trial and difficulties maintaining their own motivation. CRNs also provided their perceptions and observations of pressure area care and prevention in the research centres. They identified areas of inadequate treatment, management and care by reporting on the organisational and clinical aspects of care delivery.

Discussion:
The study reveals challenges associated with the management of CRNs to support the successful execution of their role. CRNs are usually associated with ensuring trial recruitment and data collection are completed. This study highlights that CRNs' perceptions and observations of care, gained through their placement in the research centres as 'informal' participant observers, can further enhance understanding of the contexts being studied during a clinical trial. This study was supported by a grant from the NHS R&D Health Technology Assessment Programme. The views and opinions expressed in the paper do not necessarily reflect those of the funding body.

Recommended reading:

Royal College of Nursing (1998) The Clinical Research Nurse in NHS Trusts and GP Practices: Guidance for Nurses and their Employers. Employment Brief 2/98. Royal College of Nursing, London

Nixon J, Nelson EA, Cranny G, Iglesias C, Hawkins K, Cullum N, Phillips A, Spilsbury K, Torgerson D, Mason S, on behalf of the Pressure Trial Group (in press) Pressure Trial: Pressure Relieving Support Surfaces: a randomised evaluation. Health Technology

Hammersley M & Atkinson P (1995) Ethnography: Principles in Practice. London: Routledge

Source of Funding

NHS R&D Health Technology Assessment Programme

7.7.3

What constitutes success for a national trial manager? Managing a multi-centre trial in emergency medicine. A personal experience

Moyra Masson, Trial Manager, Emergency Department, Royal Infirmary of Edinburgh, Edinburgh, United Kingdom

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Abstract:
This presentation will describe the personal experience of one trial manager working on a national multi-centre trial in Emergency Medicine. The topics covered will be of interest to those already working as a trial manager and to those who may be considering this as a future career. The purpose is to give an overview of the day-to-day responsibilities, rewards and challenges faced, and discuss ways these were successfully or not so successfully overcome, within the context of one ongoing trial. No two trials are the same, but all aim to recruit the target sample, within budget and on time and to collect quality data for analysis. The particular challenges of this trial involve managing 25 sites of varying sizes throughout Scotland and England, managing 8 geographically distant research nurses, and recruiting 1,200 patients, admitted 24 hours a day, as an emergency, within departments already experiencing staff shortages and pressure to meet 4 hour targets. Managing a trial, in particular, a multi-centre trial is a completely different experience from working as a research nurse, but nurses are often employed as trial managers and may have to learn the job as they go along. There is an increasing drive from research funders to ensure that research is adequately powered and will recruit sufficient subjects to answer the research question, with the result that a greater number of trials will be larger, therefore multi-centre, with the need for a trial manager. Although support and information is improving to assist the new and experienced trial manager through organisations such as the UK Trial Managers' Network, websites (for example, the Clinical Trials Toolkit) and research manuals such as Principles of Clinical Research (2001), there is also much to be gained from the sharing of practical experience. In conclusion, managing a multi-centre trial requires many competing skills and strategies to achieve a successful outcome.

Recommended reading:

Clinical Trials Toolkit [Internet], available from:‹···http://www.ct-toolkit.ac.uk/···› [Accessed 19 September 2005]

Di Giovanna I, Hayes G. 2001 Principles of Clinical Research. Petersfield, UK., Wrightson Biomedical Publishing LTD.

UK Trial Managers' Network [Internet], available from:‹···http://www.tmn.ac.uk/···› [Accessed 19 September 2005]

Source of Funding

Trial management/emergency medicine

7.8.1

The transition experience for parents of very preterm, very low birth infants

Gill Watson, Lecturer in Nursing, School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom

Email: g.watson@dundee.ac.uk

Co author: Julie Taylor

Abstract:

Background:
The attachment relationship between parents and newborn infants is a process that if to be successful requires three attributes, closeness (proximity), interaction (reciprocity) and parental commitment (Goulet et al 1998). Parents and their very preterm infants do not experience proximity and reciprocity immediately, leaving parental commitment as the main contributor to the early attachment process. This potentially could lead to the development of a vulnerable attachment relationship. Little is known about the influences on the early attachment experiences of this parent population.

Aim:
The aim of this study was to explore the early parental experiences following the birth of a very preterm infant.

Method:
A qualitative methodological approach framed within interpretive interactionism underpinned this study (Denzin 2001). There were three phase of data collection. First phase involved semi-structured interviews of a purposive sample of twenty biological parents of infants born at less than 30 weeks gestation (24-29 weeks), weighing less than 1500grams. In the second phase, both a theoretical and purposive sample of nursing staff provided data by semi-structured interview and focus group respectively. The final phase examined the performance texts of two nationally televised drama and documentary productions relating to the study topic. Analysis of interview data was carried out by constant comparative analysis. Observational and descriptive analytical methods were used to analysis the televised productions.

Discussion:
Four themes emerged from the analytical process. Liminality, being a non-person (Turner 1987) was found to underpin the remaining three: emotional stress, attachment behaviour and professional activity. This paper will address liminality and the contribution made by professional activity in what was identified to be a vulnerable transition to parenthood.

Conclusion:
The findings provide a framework in which to understand this vulnerable transition to parenthood and the parental attachment experience when the infant in physiologically fragile.

Recommended reading:

Denzin N (2001) Interpretive Interactionism, 2nd ed. London, Sage Publications.

Goulet C, Bell L, St-Cyr Tribble D, Paul D, Lang A (1998) A concept analysis of parent-infant attachment. Journal of Advanced Nursing 28 (5), 1071-1081.

Turner V (1987) The Anthropology of Performance. New York, PAJ Publications.

Source of Funding

none

7.8.2

Neonatal nurses' experience of caring for substance exposed infants and their families

Margaret Barnes, Senior Lecturer, Faculty of Science, Health and Education, University of the Sunshine Coast, Sippy Downs, Australia.

Email: mbarnes@usc.edu.au

Co authors: Jenny Fraser; Herbert Biggs

Abstract:

Background:

The harmful effect of the substance abusing environment on child health is well documented (Cicchetti & Toth 1995; Tomison 1998), however a positive parent-child relationship may ameliorate the effect of such environmental factors. Neonatal nurses caring for substance exposed infants and their familles are well placed to influence the parent-child interaction, and the parents' adaptation to the role through the development of a therapeutic and empathic relationship with the family. However, there appears to be significant organisational and contextual barriers to the establishment of such relationships and delivery of quality care in this environment. This paper discussed findings from research exploring these issues.

Aim:

To explore neonatal nurses experience of, and barriers to, caring for substance exposed infants and their families.

Methods:

Qualitative methods included four (4) focus group interviews with groups of neonatal nurses in South-East Queensland, Australia. Focus groups consisted of 6-8 participants. Purposive sampling was used to recruit participants with experience in caring for infants in this clinical context. Thematic analysis of data was undertaken.

Results:

Five themes were identified: the relationship with the baby; responses to the family; tensions within the care environment; nurses' needs; and making a difference.

Discussion:

Participants discussed the issues and challenges experienced when caring for this group. Barriers to effective care included lack of knowledge and understanding, staff shortages, the organisational environment, and the burden of the emotional work involved. Despite the difficulties, participants reflected on times that they had made a difference and suggested a number of strategies to improve nursing practice in this area. This research contributes to knowledge and practice by describing the experience of, and barriers to, caring for this population, and provides a basis for development of alternative models of care.

Recommended reading:

Cicchetti, D, Toth SL 1995, 'A developmental psychopathology perspective on child abuse and neglect', Journal of the American Academy of Child & Adolescent Psychiatry, vol. 35, no. 5, pp. 541-65

Tomison, A 1998, 'The prevalence and nature of child sexual abuse in Queensland', Child Abuse Neglect, vol. 22, no. 1, p. 1.

Source of Funding

Institute of Health and Biomedical Innovation, Queensland University of Technology

7.8.3

Mothers' experiences of their babies' transfer to a regional neonatal unit

Khatijah Abdullah, Lecturer, University of Malaya, Malaysia.

Email: khatijah@ummc.edu.my

Abstract:

Introduction:

The number of transfers of newborn babies to specialised units has risen because of increasing complexity of babies' illness and acute nursing shortages within local units (CESDI 2003, DOH 2003). The question of how to build practical effective intervention for mothers when their baby's condition necessitates transfer to another neonatal unit remains. Better knowledge about how mothers experience the events that occur during transfer will enable nurses to devise interventions that better meet the concerns of these mothers.

Aim:

The main aim of this study is to explore the mothers' experiences of having their newborn babies transferred to a regional neonatal unit. The presentation will outline the methodological approach and findings of the study.

Methods:

The hermeneutic phenomenological approach used in this study will be discussed (van Manen 1990). Fifteen mothers who had experienced transfer of their newborn babies were interviewed about their experiences within ten days of the transfer. The data were transcribed verbatim by the researcher and analysed using van Manen's (1990) procedural steps. Examples from the mothers' interviews were included in an attempt to provide a bridge between abstractions developed by the researcher into themes and the concrete experience of the transfer, bringing them alive to the audience.

Findings:

Data analysis led to the formulation of a descriptive theme, 'Distance mothering', and four related themes: emotional response, information issues, need for adjustment and geographical distance. Seventeen sub themes expanded and clarified the meaning of these themes.

Conclusions:

The findings of this study serve to emphasize and reiterate the need for all staff involved to be aware of the extra demands made on mothers whose babies are transferred. The mother needs for information, sensitivity, and a coordinated approach to the provision of care and most importantly, recognition of their particular needs were highlighted in this study.

Recommended reading:

Confidential Enquiry into Stillbirths and Deaths in Infancy (2003) Project 27/28. 8th Annual Report. Maternal & Child Health Research Consortium. London.UK.

Department of Health (2003) Neonatal Intensive Care Review: Strategy for Improvement. London. HMSO.

van Manen,M.(1990) Researched lived experience. The Althouse Press.Canada.

Source of Funding

University of Malaya

7.9.1

Evaluation of ward organisational features scales (WOFS) in a sample of 1297 Norwegian RNs: Factor replication and internal consistency

Ingeborg Sjetne, Researcher, Norwegian Knowledge Centre for the Health Services, Oslo, Norway

Email: ingeborg.sjetne@nokc.no

Co author: Andrew Garratt

Abstract:

Background:

This work is part of a larger study assessing associations between measures of nurses' working conditions and hospitalised patients' experiences, a national quality indicator in Norway. The WOFS (Adams, Bond, & Arber 1995) was selected to assess nurses' working conditions. The instrument was piloted following translation. Eight of the original fourteen scales were used.

Aims:

To assess the factor structure and internal consistency of the Norwegian version of WOFS.

Methods:

243 wards met inclusion criteria, 156 (64%) agreed to take part and 99 wards were randomly selected. RNs working more than 50% in the sampled wards received questionnaires.1297 nurses (54%) responded. Factor analysis was used to assess whether the WOFS scales were replicated in Norway (Hair,J.F. et al. 1998). Internal consistency was assessed.

Results:

The results of factor analysis were very similar to the UK version. Only nine of 64 items had factor-loadings ‹0.40. Item-total correlations were above 0.50 for 49 items. Cronbach's ranged from 0.72 to 0.92. Discussion. Assumptions relating to organisation, education and science are shared between the two countries. Hospital care has compatible goals, systems and structures. Health services in the two countries are rooted in social democratic traditions, and both countries have faced demands for reduced public spending in recent decades. These congruencies support expectations that instruments like WOFS will have the same measurement properties in UK and Norway (Schein 2004).

Conclusion:

There is good evidence for the replication of the factor structure of the WOFS in Norwegian nurses. The instrument also has good evidence for internal consistency reliability. Some items may be considered for removal.

Recommended reading:

Adams, A., Bond, S., & Arber, S. 1995, "Development and validation of scales to measure organisational features of acute hospital wards", International Journal of Nursing Studies, vol. 32, no. 6, pp. 612-627.

Hair,J.F., Anderson, R. E., Tatham, R. L., Black, W. C. (eds.) 1998, Multivariate data analysis. 5th ed Prentice Hall, Upper Saddle River, N.J.

Schein, E. H. 2004, Organizational culture and leadership Jossey-Bass, San Francisco.

Source of Funding

Norwegian Knowledge Centre for the Health Services

7.9.2

What strategies do modern matrons use when making leadership & management decisions relevant to their role?

Elaine McNichol, Programme Director & Centre Coordinator, University of leeds, CDHPP, Leeds, United Kingdom

Abstract:
Effective decision-making is well recognised as a key requirement of nurses working in the modern healthcare arena (Gough 2002). This is particularly relevant to the Modern Matrons who are at the vanguard of both care delivery and the NHS reforms. Modern Matrons have been defined as those leaders who "have the power to re-design NHS care at the front-line and to make it patient-centred. They have sufficient authority and support to get things done and make change happen (DOH 2003:3).

With this increased authority and decision-making power, it is important that there is a clearer understanding of:

- the processes and strategies Modern Matrons currently engage in when taking decisions
- the reality of 'increased authority and decision-making powers'
- the factors that support or hinder Modern Matrons when making decisions
- what other decision making strategies and approaches there are that might be useful

This session will present the findings from an in-depth case study that was undertaken to explore the above issues. It will identify and discuss the key issues arising from these findings and their potential impact for present and aspiring Modern Matrons and for organisations wanting to know how best to support and develop the role. The discussion will include reference to the large body of decision-making outside of healthcare (Bazerman 2002) and its potential application to the role of the Modern Matron.

Recommended reading:

Gough, P (2002) Foreward in Managing and Implementing Decisions in Health Care, Eds Young, P., Cooke, M. Bailliere Tindall, London

Department of Health (2003) Modern Matrons - Improving The Patient Experience. Department of Health Publications, London

Bazerman, M (2002) 5th. Ed. Judgement in Managerial Decision Making. John Wiley, New York.

Source of Funding
Employer

7.9.3

Evaluation of a blended approach to patient safety education

Moira Attree, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

Co authors: Caroline Carlisle; Ann Wakefield

Abstract:
The paper presents research findings in order to promote discussion and critical exploration of how healthcare practitioners develop the knowledge and skills required to promote patient safety. Background The need to improve patient safety has been recognised, both nationally and internationally. Evidence about how patient safety is addressed in healthcare professional education and how organisations develop safe practitioners is limited. Patient safety can only be improved if healthcare practitioners are aware of safety issues and report incidents so they can be analysed and learned from (DoH & NPSA 2001; Maddox et al 2001).

Aims:
The study evaluated the effectiveness of using a blended e-learning educational approach to educate NHS staff about Root Cause Analysis, and its impact on course participants and their organisation. The organisational and operational factors that influence access to and use of electronic resources were also explored.

Methods:
Impact Evaluation (Rossi et al 2004) was adopted to evaluate the programme design, effectiveness and outcomes. Mixed methods, including evaluation questionnaires, confidence logs and e-learning user logs, as well as individual (n=12) and focus group interviews with course participants (n=16) and key stakeholders (n=18) were used. The sample was healthcare professionals from NHS acute, primary care and mental health trusts.

Results:
Course participants reported improved knowledge, skills and confidence in patient safety incident investigation and analysis. Participants demonstrated positive attitudes to learning from patient safety incidents and a systems based approach. The presence of facilitating features of effective learning: learner motivation and immediacy of application of learning to practice were identified. Confidence Log data revealed mixed levels of participant confidence in accessing and using online learning. Many participants had not accessed or used the e-learning resources; some frontline staff experienced physical and technological difficulty with internet access.

Discussion & Conclusions:
Study results and their implications will be discussed and conclusions drawn.

Recommended reading:

Department of Health & The National Patient Safety Agency (NPSA)(2001). Doing Less Harm: Improving safety and quality of care through reporting, analysing and learning from adverse incidents involving NHS patients - Key requirements for health care provid

Maddox PJ, Wakefield M & Bull J (2001) Patient Safety and the need for professional and educational change. Nursing Outlook 49,1: 8-13.

Rossi P, Lipsey M & Freeman H (2004) Evaluation: a systematic approach. 7th edn. Sage Publications, Thousand Oaks. CA.

Source of Funding
North West Strategic Health Authority, National Patient Safety Agency & NHS Modernisation Agency

7.10.1

Evaluating the impact of a tailored training programme on co-existing substance misuse and mental health problems: A randomised controlled trial

Hazel Watson, Professor of Nursing, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, United Kingdom.

Email: h.e.watson@gcal.ac.uk

Co author: Alison Munro

Abstract:
Background:
The co-existence of substance misuse and mental health problems is a complex and increasing phenomenon (Crome 1999, Ley et al. (2000) and presents a major challenge to the health, social and fiscal services. There is evidence to suggest that staff who provide care for such individuals may not possess the necessary knowledge, attitudes, or skills to enable them to work effectively with this client group (McLaughlin and Long 1996). This paper will present findings from a randomised controlled trial of a training programme that was designed to meet the education needs of nursing staff who provide care for this client group.

Sample:
A random sample of 49 nurses consented to participate in the study. Participants' knowledge of pertinent issues and their attitudes to working with people with co-existing problems were assessed on three occasions: 1. Immediately prior to delivery of the programme, 2. Immediately after the programme, and 3. Six months after completion of the programme.

Results:
Pre-test data were collected from all 49 nurses, and data were available from 39 and 31 participants at the two post-test time-points. T-tests, Mann Whitney U tests, and Wilcoxon Signed Rank tests were used to determine differences between scores attained by each group and over time. Findings indicated that attending the programme resulted in statistically significant improvements in knowledge and attitudes. The results and recommendations which arose from the study will be presented, together with a discussion of its limitations and its contribution to nursing knowledge.

Recommended reading:

Crome, I. B. (1999) Substance misuse and psychiatric co-morbidity: towards improved service provision. Drugs: Education, Prevention and Policy. Vol. 6 (2) pp. 151 – 174.

Ley A., Jeffrey D. P., McLaren S., Siegfried N. (2000) Treatment programmes for people with both severe mental illness and substance misuse. The Cochrane Library (Oxford) Issue 3.

McLaughlin, D. and Long, A. (1996) An extended review of health professionals' perceptions of illict drugs and their clients who use them. Journal of Psychiatric and Mental Health Nursing. Vol. (3) pp. 283-288.

Source of Funding
NHS

7.10.2

Problematic drug use by under 25s: The experiences and opinions of drug users

Robert Newell, Professor of Nursing Research, Department of Nursing Research, University of Bradford, Bradford, United Kingdom

Co authors: Tamara Seabrook; Alision Torn, Udy Archibong, Geoff Hinds, Debbie Allen

Abstract:

Background:
Problematic drug use is a frequently used term in drug misuse literature, but young drug user views of what constitutes problematic drug use or how use becomes problematic are largely absent from the literature (Myers, Brown and Vik 1998). For young people, their substance use often only becomes problematic within the context of this web of personal relations with families, partners and peers and with wider social institutions such as schools, the police and criminal justice systems (Sanders 1997). This project sought to explore the views of young drug users regarding the nature of problematic use, and to create and validate a measure which would permit the routine gathering of such information from young drug users in the future. The final phase (validation of the measure, and an associated survey results) will be presented.

Aims:
Validate a quantitative measure of problematic drug use Explore the views of young illicit drug users of problematic drug use

Methods:
Scale validation study and cross sectional questionnaire survey. Convenience sample of 145 illicit drug users aged under 25, sampled from community facilities. Scale validation examining internal association, internal consistency and convergent validity. Survey results analysed using descriptive and inferential statistics.

Results:
The scale (User identified problematic drug use [UIPDU]) showed high internal association and internal consistency, and high convergent validity with a single measure of change question. Respondents showed high levels of problem identification. Problem identification was highly correlated with stage of change. Women identified more problematic use than men.

Discussion:
UIPDU is well tolerated by respondents and has responded well to initial validation testing. Conclusion User problems can be examined repeatedly in a way which has due regard for their own conceptualisation of what is problematic.

Recommended reading:

Myers, M.G., Brown, S.A. and Vik, P.W. (1998) "Adolescent Substance Use Problems" in Mash, E.J. and Barley, R. (eds), Treatment of Childhood Disorders, Second Edition, Guilford Press

Sanders, C. (1997) "Re-authoring Problem Identities; Small Victories with young Persons Captured by Substance Misuse" in Smith, C. and Nylund, D. (eds) Narrative Therapies with Children and Adolescents, Guilford Press.

Source of Funding

The Big Lottery (formerly The Community Fund)

7.10.3

Social and psychological correlates of binge drinking: An international perspective

Moira Plant, Professor of Alcohol Studies, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom.

Email: Moira.Plant@uwe.ac.uk

Abstract:

Background:
This analysis forms part of a major study epidemiological investigation, Gender Alcohol & Culture: an International Study (GENACIS). The countries in this study included Czech Republic, Finland, France, Germany, Hungary, Iceland, Italy, the Netherlands, Norway, Sweden, Switzerland, and the United Kingdom.

Aims:
The aims of this multi-country study include comparisons of gender differences in alcohol consumption pattern, level, context and related problems within and between EU countries.

Method:
All are national samples of 2,000 or more respondents using a cross sectional design.

Results:
The results show the differences in drinking levels and patterns between the Northern "binge drinking" countries and the Southern "Mediterranean" countries. For example, the fact that in Britain young women aged 18 to 24 years are now matching and in some cases overtaking young men in their alcohol consumption. This is not shown in any other country.

Discussion and Conclusions:
This presentation will discuss factors of international difference in patterns and contexts of alcohol consumption and how these relate to social and psychological correlates. Important factors such as age and gender will be discussed. In relation to relevance to clinical practice, the use of the Alcohol Use Disorder Identification Test as a means of identification of alcohol related problems in health services in different EU countries.

Recommended reading:

Plant ML., Miller P and Plant MA. (2005) "The relationship between alcohol consumption and problem behaviours: Gender differences among British adults" Journal of Substance Use 10. 22-30

Plant ML., Plant MA. and Miller P. (2005) "Childhood and adult sexual abuse: Relationships with "addictive" or "problem" behaviours and health" Journal of Addictive Diseases 24. 1. 25-38

Plant ML., Plant MA. and Mason W (2002) "Drinking, smoking and illicit drug use amongst British adults: Gender differences explored" Journal of Substance Use 7. 24-33

Source of Funding

University of the West of England

Friday 24 March

09.30 - 11.00
Concurrent session 8

8.1.1

The safety and efficacy of lemon juice (cymbopogon citratus) in the treatment of oropharyngeal candidiasis in HIV/AIDS patients as compared to a standard treatment of gentian violet aqueous solution 0.5%

Lize Maree, Head of Department of Nursing, Nursing, Tshwane University of Technology, Pretoria, South Africa.

Email: mareeje@tut.ac.za

Co authors: Susan Wright; Mpho Sebanyoni

Abstract:
In 1997 Mpho Sibanyoni started a hospice in Hammanskraal, South Africa. The need for the hospice was because of the increase in patients needing home based care, mostly due to HIV/AIDS. One of the common ailments that are treated at the hospice is oropharyngeal candidiasis (oral thrush). Due to financial restraints, the hospice relies on alternative medicines to treat the common illnesses of the HIV/AIDS patients. The treatment used for oral thrush is either lemon juice diluted with water directly into the mouth or a lemon grass infusion made from lemon grass (Cymbopogon citratus) grown and dried at the hospice. These two remedies have been found to be very effective and used extensively since the hospice opened. The Department of Nursing, Tshwane University of Technology, decided to test the use of these therapies formally in a randomised control trial.

The research question was thus: What is the safety and efficacy of lemon juice and lemon grass (Cymbopogon citratus) in the treatment of oral thrush in HIV/AIDS patients as compared to the standard treatment of gentian violet aqueous solution 0.5%? The trial design is a randomised control trial. The patients were randomly assigned to one of three groups: Gentian violet, lemon juice or lemon grass. Specific inclusion and exclusion criteria were created and the patients were randomly assigned to one of the three groups. A case report form was used to gather the data for six visits during the trial. Data analysis was done with statistical analysis. Results: Both the lemon juice and the lemon grass was found to be superior to the Gentian violet solution.

Recommended reading:
South Africa: Department Of Health. 1998. Essential drug list: South Africa. CTP Book Printers: Cape Town.

Cimanga, K., et al. 2002. Correlation between chemical composition and antibacterial activity of essential oils of some aromatic medicinal plants growing in the Democratic Republic of the Congo. Journal of Ethnopharmacology, 79(2), February: 213-220.

Kinghorn, S. & Gamlin, R. 2001. Palliative nursing: bringing compfort and hope. Edinburgh: Balliere Tindall

Source of Funding
Department of Nursing

8.1.2

The RiFaR study: a randomised controlled trial of a nurse-led support and education programme to reduce risk factors and improve fitness for surgery in patients waiting coronary artery bypass surgery

Helen Goodman, Project Manager, Surgery, Royal Brompton & Harefield NHS Trust, London, United Kingdom.

Email: h.goodman@rbht.nhs.uk

Abstract:
Whilst waiting for coronary artery bypass graft surgery many patients receive little, if any, medical and nursing input at a time that is very stressful for them and their families. This randomised controlled trial, funded by the British Heart Foundation, tests whether a home-based, nurse-led support and education programme for patients waiting for such surgery can optimise mental and physical fitness and improve coronary heart disease risk factors in the waiting period. A risk factor reduction study in Glasgow (McHugh et al 2001) has reported a substantial effect of nurse-intervention with improvement in these areas.

The RiFaR study is the first trial of its kind in England and builds on previous work which showed a need for more support while waiting for surgery and for more information on reduction of risk factors (Fleming et al 2002) and a pilot study which evaluated a newly devised manual to address these issues (Goodman et al 2003). Patients are followed up in their own homes monthly by a cardiac nurse and given lifestyle advice and information to prepare them for surgery. Using data from Glasgow the sample size has been calculated to provide 95% confidence and 80% power to detect a mean change in 2 of the Hospital Anxiety and Depression (HAD) score.

Primary outcome measurements are anxiety, blood pressure, cholesterol, blood glucose and body mass index at 3 months, on admission and 3 months post operatively. Secondary outcomes are length of stay and quality of life (measured by the HAD scale, SF-36 and Coronary Artery Revascularisation Questionnaire (Schroter & Lamping 2004). Nurse and patient views are being sought through narrative research and focus groups. Economic analysis is being performed in conjunction with Imperial College Tanaka Business School. Recruitment is complete with 188 patients randomised (80% male, 20%female, mean age 65 years)and data collection will be complete by October 2005 with final results available by March 2006.

Recommended reading:
.Goodman, H., Peters, E., Matthews, R., Geraghty, A., Godden, J., & Shuldham, C (2003), A pilot study using a newly devised manual in a programme of education and support for patients waiting for coronary artery bypass surgery", Eur.J Cardiovasc. Nurs, 2(1

Fleming, S., Goodman, H., West W, Geraghty, A., & Lancaster L (2002), Survey of the support and education needs of patients on the waiting list for cardiac surgery, Journal of Clinical Effectiveness, 5: 143-151

McHugh, F., Lindsay, G. M., Hanlon, P., Hutton, I., Brown, M. R., Morrison, C., & Wheatley, D. J. (2001), Nurse led shared care for patients on the waiting list for coronary artery bypass surgery: a randomised controlled trial, Heart, 86 (3): 317-323.

Source of Funding
British Heart Foundation

8.1.3

Upper respiratory tract airflow and head fanning reduce brain temperature in brain-injured, intubated patients: a randomised, crossover, factorial trial of nurse-led interventions

Bridget Harris, Research Nurse, Intensive Care Unit, Western General Hospital, Edinburgh, United Kingdom

Co authors: Peter Andrews; Gordon Murray

Abstract:
Background:
Pyrexia has a detrimental effect on the compromised brain, is common and associated with poor outcome after stroke (Reith et al, 1996). It is logical to target cooling at the brain because brain rather than trunk temperature is important in cerebral protection from injury.

Aim:
To investigate the effect on brain temperature of the selective brain cooling mechanisms of heat loss from the upper airways and heat loss through the skull (Harris and Andrews, 2002).

Methods:
This randomised, crossover, factorial trial on 12 brain-injured, intubated patients with no exclusion criteria, investigated the effect on parenchymal brain temperature of: i) upper airways heat loss with enhanced nasal airflow; ii) heat loss through the skull with head fanning. Following a 30 minute baseline, each patient received the four possible combinations of the interventions in a randomised order. Each combination was delivered for 30 minutes and followed by a 30 minute washout, the last 5 minutes of which provided the baseline for the next intervention.

Results:
The difference in mean brain temperature between the last 5 minutes of the preceding washout and the last 5 minutes of intervention was 0.15 C (p= 0.001, 95% CI 0.06-0.23 C) with nasal airflow and .26 C (p=<0.001, 95% CI 0.17-0.34 C) with head fanning. The estimate of the combined effect of airflow and fanning on brain temperature was 0.41 C.

Conclusions:
These results are physiologically important because they demonstrate that heat loss through the upper airways and through the skull can reduce parenchymal brain temperature in humans. They are also of potential clinical relevance because head fanning could provide a simple, low risk means of reducing brain temperature in pyrexial patients following ischaemic stroke, patients in whom a temperature decrease of as little as 0.27 C may reduce the relative risk of poor outcome by 10-20% (Dippel et al, 2003).

Recommended reading:
Dippel D, van Breda EJ, van der Worp HB, van Gemert H, Kappelle LJ, Algra A, Koudstaal PJ. (2003) Timing of the effect of acetaminophen on body temperature in patients with acute ischemic stroke. Neurology, 61(5):677-79.

Harris BA, Andrews PJD. (2002) The rationale for human selective brain cooling. In: Vincent JL (ed) Yearbook of Intensive Care and Emergency Medicine, pp738-47. Springer-Verlag, Berlin.

Reith J, Jorgensen HS, Pedersen PM, Nakayama H, Raaschou HO, Jeppesen LL, Olsen TS. Body temperature in acute stroke: relation to stroke severity, infarct size, mortality, and outcome. The Lancet, 347(Feb 17):422-5.

Source of Funding
Chest, Heart and Stroke Scotland

8.2.1

An innovative approach to improving the mental health of children: An evaluation of a student assistance programme

Ros Carnwell, Professor of Nursing Research, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, United Kingdom

Co author: Sally Ann Baker

Abstract:

Recent policy highlights a responsibility for safeguarding children and promoting their health and welfare, acting on concerns and developing children's understanding and awareness (NAfW 2000, WAG 2005). Many children are at risk of experiencing mental health problems and 40% will suffer a mental health problem at some point, with 25% having a recognized condition. The recent Child and Adolescence Mental Health (CAMH) strategy in Wales advocates partnership working to identify emotional and behavioural needs of children NAfW 2001). Specialist CAMH services are under pressure, thus schools support health professionals in assessment and intervention (NAfW 2001).

To bridge the gap in service provision, Wrexham Local Education Authority employs a specialist CAMH professional and is implementing a Student Assistance Programme (SAP). The programme offers primary prevention and early intervention to pupils who exhibit high-risk behaviours and supports those whose circumstances affect their ability to engage with others at home and school, through participation in support groups. A study was conducted to evaluate the effectiveness of SAP. The study aimed to illuminate changes in student behaviour as described by themselves and facilitators; and to identify any wider implications of the SAP in terms of its effects on peers, teachers and family members. Using an interactive, responsive evaluation design (Owen and Rogers 1999), 11 focus group interviews were conducted involving 28 facilitators and head teachers and 64 children. Data were analysed using qualitative content analysis. The findings revealed benefits, challenges and areas for improvement.

Benefits include improved behaviour and emotional literacy. Challenges concerned initial anxiety about sharing personal feelings, as well as acknowledging professional boundaries when working with children in different roles. Recommendations include the need for additional resources and consideration of which professionals are best placed to become SAP facilitators. The possibility of school nurses undertaking this role is discussed.

Recommended reading:

National Assembly for Wales (2000) Working Together to Safeguard Children. A guide to interagency working to safeguard and promote the welfare of children Working Together to Safeguard Children

National Assembly for Wales (2001) Child and Adolescent Mental Health Services. Everybody's Business. Strategy document.

Owen, J.M & Rogers P.J. (1999) Program Evaluation: Forms and Approaches. Sage Publications, London.

Source of Funding

Local Education Authority

8.2.2

Abstract moved to 6.12.2

8.2.3

Delivering health services to homeless people in London: challenges in delivering an accessible and appropriate service

Louise Joly, Nursing Research Fellow, Primary Care and Population Sciences, University College London, London, United Kingdom.

Email: l.joly@pcps.ucl.ac.uk

Abstract:

Background:

Homeless people in the UK experience poor mental and physical health, and drug and alcohol problems. There are a wide range of services that address these issues. A sensitive, flexible and accessible approach is required to deliver appropriate community based health services to homeless people (Shiner, 1995; Pleace & Quilgars, 1996).

Aims:

The aims of this study were:

To identify the current health care provision available to the residents of two hostels for homeless people in London

To describe and explore the working practices in and between organisations

To identify health priorities from the perspectives of services and service users

Method:

An action research study using in-depth interviews, focus groups and observation explored roles, the range of services, and practitioner's and hostel residents perceptions and experiences of what impacted on homeless peoples' uptake of services. In the second phase of the study, services and hostel residents participated together in three consultation events to review preliminary findings and suggest how the health priorities could be addressed. Results 106 individuals from 29 services participated in focus groups, interviews and consultation events including primary and mental health care teams, substance use services and service user managed organisations. 28 hostel residents participated in focus groups and consultation events. Four health priorities were identified. The effect hostel life had on mental health, inadequate nutrition, risk management around drug injecting "paraphernalia", and wound care for injecting drug users.

Conclusions:

An action research approach enabled participation across a wide range of providers and service users. It was found that the extent to which services working with homeless people are able to provide a sensitive, co-ordinated and accessible service is affected by factors unrelated to health care and health need. This presentation will discuss the implications these findings pose for service development and delivery.

Recommended reading:

Shiner, M. (1995) Adding insult to injury: homelessness and health service use. Sociology of Health & Illness, 17(4), 525-549

Pleace, N., & Quilgars, D. (1996) Health & homelessness in London: a review. Kings Fund, London.

Source of Funding

Camden PCT

8.3.1

Assessing the nursing work environment across different health care sectors

Linda McGillis Hall, Associatre Professor & CIHR New Investigator, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada.

Email: l.mcgillishall@utoronto.ca

Abstract:

Background:

Recent studies have demonstrated that linkages exist between nurse staffing models and patient outcomes. Little or no work has been conducted exploring variables in the work environment beyond nurse staffing that may impact on patient outcomes.

Aims:

A crossectional study was conducted to determine what indicators or instruments accurately represent measures of the nursing work environment.

Methods:

Data were collected in a survey of 485 nurses in different health care sectors (i.e., acute care, complex continuing care, long-term care, and home care settings) in Ontario, Canada. These data examined: proportion of registered nurses; staff mix; educational background of nursing staff; experience of nursing staff; use of overtime hours; absenteeism hours; level of autonomy and decision making experienced by nurses; professional development opportunities; and span of control of unit manager in relation to nursing and organizational outcomes. Nursing and organizational outcomes were obtained using the Work Quality Index and the Nursing Work Index-Revised.

Results:

Not surprisingly, registered nurses had higher perceptions of the quality of their work and work environment than either registered practical nurses or unlicensed personnel. As well, nurses employed in the community had higher perceptions of their work and work environments than acute care, complex-continuing care and long-term care nurses. However, work worth was significantly higher for long-term care nurses.

Discussion/Conclusions:

The results of this study suggest that it is important to assess the quality of nursing work environments to aid in the retention of nursing staff. Recommendations from this presentation will extend our understanding of the indicators that are important to assess to determine the quality of nurses' work life as part of any outcomes research agenda.

Source of Funding

Ontario Ministry of Health and Long Term Care Research Grant

8.3.2

Nurse specialty subcultures in hospitals: Impact on patient outcomes

Anastasia Mallidou, Vice CEO, Vice CEO, Children Hospital "Agia Sophia", Athens, Greece

Co authors: Carole Estabrooks; Phyllis Giovannetti

Abstract:

Background:

Hospital organizational culture and subcultures have not been extensively investigated, although there is evidence that hospital practice environ-

ments affect practices, outcomes, and costs. Aims: To explore the concept of hospital organizational culture and specifically to enhance understanding of nurse specialty subcultures, and to examine their impact on patient and nurse outcomes.

Methods:
Drawing on Martin's framework, a model was developed and tested depicting causal relationships between nurse specialty subcultures and job satisfaction, quality of care, and selected adverse patient events. A series of structural equation models (SEM) were assessed using LISREL on secondary data obtained through the self-administered Alberta Registered Nurse Survey questionnaire from 1,937 nurses employed in medical, surgical, ICU, and emergency units in acute care hospitals in Alberta, Canada. The data was a subset of the "International Study of Hospital Staffing and Organization on Patient Outcomes" conducted by the Center of International Hospital

Outcomes:
Research Consortium in 1998. Selected items of the Nursing Work Index – Revised and Maslash Burnout Inventory were conceptualized as representing cultural manifestations. Results: Nurse specialty subcultures exist within hospitals and differentially influence nurse and patient outcomes. Specifically, the selected informal practices (e.g., nurse-physician relationships, etc.) were more important factors for job satisfaction and quality of care than were the formal ones (e.g., satisfactory salary, etc.). Satisfactory salary was not a significant factor for job satisfaction, which is consistent with the argument that cultures of excellence are more important to nurses than good wages.

Discussion:
Nurses and hospital administration should enhance their understanding of the meaning of subcultures in various clinical situations, linking these meanings to interventions and outcomes. It is important to investigate professional specialty subcultures in healthcare organizations because they are dominated by specialized professionals. Conclusions: Nurse specialty subcultures have largely been ignored as potentially important factors influencing nurse and patient outcomes.

Recommended reading:

Martin, J. (2002) Organizational Culture: Mapping the Terrain, Thousand Oaks, CA: Sage Publications, Inc.

Schein, E.H. (1992) Organizational Culture and Leadership, 2nd ed. San Francisco, CA: Jossey-Bass.

Hofstede, G.H. (2001) Culture's Consequences: Comparing values, Behaviors, Institutions, and Organizations Across Nations, 2nd ed. Thousand Oaks, CA: Sage.

Source of Funding
None

8.3.3

Developing an advanced nurse practitioner service in emergency care: attitudes of nurses and doctors

Vidar Melby, Senior Lecturer in Emergency Nursing, Department of Nursing, University of Ulster, Derry, United Kingdom

Co author: Miriam Griffin

Abstract:

Aim:
The overall aim of this paper is to present the findings of a study of the attitudes of emergency nurses, emergency doctors and General Practitioners towards the development of an Advanced Nurse Practitioner service within an emergency department in Ireland.

Background:
The role of the Advanced Nurse Practitioner in emergency care is beginning to emerge throughout Ireland. Little research exists on the attitudes of nursing and medical staff towards this new development.

Methods:
A quantitative methodology was utilised, with a 29-item Likert rating scale developed to measure attitudes. Two open-ended questions were added to allow respondents to elaborate on what they perceived as benefits and difficulties associated with an Advanced Nurse Practitioner service. Within one health board in the Republic of Ireland, all General Practitioners, emergency nurses and emergency doctors were targeted, and 25 emergency nurses, 13 emergency doctors and 69 General Practitioners were approached to take part. Data was collected in February 2004. Findings. An overall response rate of 74% was achieved. All respondents were positive towards the development of an Advanced Nurse Practitioner service, with General Practitioners being less positive. The principal difference appeared between GPs and hospital emergency care staff.

Conclusions:
There is a need for a multidisciplinary approach to the planning of Advanced Nurse Practitioner services, and to achieve multi-professional acceptance of Advanced Nurse Practitioners, an accredited and standardised education is required. Within such development it is essential to address existing role boundaries. This paper adds additional evidence to the need and appropriateness of Advanced Nurse Practitioner services in emergency care.

Recommended reading:

Cooper M.A., Lindsay G.M., Kinn S. & Swann I.J. (2002) Evaluating emergency nurse practitioner services: a randomised controlled trial. Journal of Advanced Nursing 40, 721-730.

Daly W.M. & Carnwell R. (2003) Nursing roles and levels of practice: a framework for differentiating between elementary, specialist and advanced nursing practice. Journal of Clinical Nursing 12, 158-167.

Smith O. (2003) Advanced Nursing Practice in Emergency Care. The All Ireland Journal of Nursing and Midwifery 2(8), 40-44.

Source of Funding
None

8.4.1

School aged children health diagnosis: How they perceive their own health and the environmental factors that determine it

Manuel Rodrigues, Professor of Nursing Sciences, Health Sciences Research Unit, Escola Superior de Enfermagem Dr. Ângelo da Fonseca, Coimbra, Portugal

Co authors: Vitor Rodrigues; José Morais

Abstract:

Rodrigues (2000) developed the concept of "edu-therapeutic method" adopting the draw and write technique as the adequate technology to free the children's creativity in a context of educative and therapeutic mediation. This method was eventually adapted to the preparation for surgery of hospitalized children by Rodrigues et al (2002). Continuing with these studies the author projected a new research for studying school aged children's health perceptions. The aim of this presentation is to diffuse the results of the 8-10 year old children's health perceptions, attending the first cycle of elementary school, in the central and south region of Portugal.

The results of the Children's Own Health Perceptions are analyzed and compared, as well as the perceptions of the surrounding health factors of children from different elementary schools. Sample: School aged children from 6 to 12 (100 children drawn from two elementary schools of the central region of Portugal and 100 children from the south region of Portugal); non – probabilistic and intentional sample; Instruments: Draw and Write Sheet (Rodrigues); Child Health Illness Profile (CHIP- CE) (Riley et al); QPSBE_C (Rodrigues et al) Results: In a first phase the reliability and validity of the measurement instruments were verified and afterwards the results of the children's health perceptions in Portuguese and Spanish schools were compared, based on the QSBE_C.

In this presentation we analyze data and discuss the results related to personal health perceptions considering the different Domain Scales of the Child Health Illness Profile: (Satisfaction; Comfort; Risk Avoidance; Resilience; Achievement), as well as the perception of the surrounding health factors, expressed through the method drawing/writing. The outcome of the study allows defining the health profile in each school or setting, identifying with objectivity the children's health specific needs, therefore becoming extremely useful for health professionals to be able to intervene in a planned way in health education in context.

Recommended reading:

Rodrigues, M. A.; Naranjo, M. L.; Hawarylak, M. F., 2003. Método eduterapêutico dirigido a crianças que vão ser submetidas a intervenção cirúrgica. Referência, 10, pp. 25-37

Rodrigues, M. A.; Ortiz, Mª C.; Bienert, Mª F., 2004. Percepções de saúde e educação para a saúde de crianças, com recurso ao método desenho escrita. In: J. Ribeiro e I. Leal Ed. Actas do 5º Congresso de psicologia da saúde, 28 a 30 de Junho 2004 Lisboa.

Rodrigues, M. A., 2000. Programa de libertação criativa com imagem para crianças com necessidade de apoio pedagógico Revista de Educação, vol. IX (2), pp.75-85

Source of Funding
Health Sciences' Research Unit: Nursing Domain; Foundation for Science and Technology

8.4.2

Healthy children are better learners: Putting research into practice

Alison Tonkin, NVQ Manager for Health and Social Care and Early Years, Centre for Research in Primary and Community Care, University of hertfordshire, Hatfield, United Kingdom.

Email: a.tonkin@stanmore.ac.uk

Co authors: Cath Alderson; Gill Roberts

Abstract:

This session will explore an innovative health promotion programme for pre-school practitioners in the London Borough of Harrow. The programme incorporated input from the health and education sectors using a multi-agency approach for the planning, implementation and evaluation of the intervention. The original research process that provided key recommendations for the programme will be described. This will then be linked to how the programme was integrated into pre-school settings, and used to encourage the children to become active decision makers and advocates for health, through the development of their own health-related behaviour. Background With initiatives such as the National Service Framework for Children, Young People and Maternity Services and Choosing Health, the Government has provided a mandate for the promotion of health for children and young people. However, there is an assumption that this process begins when children start school as "health promotion in general is very difficult with pre-school children and the developmental level of this age group is typically not taken into account" (Makuch & Reschke, 2000). However, health-related behaviours actually become established at a much earlier age than was previously thought (Reilly, 2002) and once embedded, these behaviours are very difficult to change. Therefore, involving pre-school children as active participants in the health promotion process is now seen as crucial (Office for Standards in Education, 2004). Pre-school practitioners are ideally placed to deliver health related messages and this programme enabled practitioners to develop holistic strategies they could use within their own settings to encourage and facilitate the children's own contribution to the health promotion process.

Learning Outcomes:

At the end of the presentation participants will have:

1. An awareness of the specialised nature of pre-school provision

2. Reviewed the planning required to facilitate inter-agency collaboration within the programme

3. Discussed the implementation of the programme and recommendations for the future.

Recommended reading:

Makuch A. & Reschke K. (2000): Playing games in promoting childhood dental health. Patient Education and Counselling 43, 105-110

Reilly J. (2002): Couch Potato Generation. Practical Pre-School, 5

Office for Standards in Education (2004) Starting early: food and nutrition education of young children. Department for Education and Skills Food Standards Agency, pp. 1-31

Source of Funding

None

8.4.3

Health related quality of life in adolescents after liver transplantation: The young persons perspective

Rachel Taylor, Nurse Researcher, Child Health, King's College Hospital NHS Trust, London, United Kingdom.

Email: rachel.m.taylor@kcl.ac.uk

Co authors: Faith Gibson; Linda Franck; Anil Dhawan

Abstract:

Background:

Adolescence is a difficult time for those with chronic illness because of the constraints of the illness on developmental tasks. Little is known about the impact liver transplantation (LT) has during this period on quality of life (QoL). The study aimed to explore a young person's experience of life after LT across the stages of adolescence.

Methods:

As part of a larger study, semi-structured interviews were used to collect narrative data about young people's experiences of life after LT, using a purposeful sample of 14 young people (5 male, 9 female), in early (n=3), middle (n=6) and late (n=5) adolescence. Data were analysed using the Framework (Richie et al 2003).

Findings:

Seven themes were identified: tiredness, burden of medication, relationships (with friends and family), communication with healthcare professionals, education, the future, and attitude towards the transplant. Two areas appeared to have a significant impact on QoL with apparent variations across the stages of adolescence: fatigue and the burden of medication. Fatigue was the most burdensome physical affect resulting in life changes to accommodate feelings of excessive tiredness. Young people wished they did not take medications for the rest of their life, as their life revolved around taking the drugs and prevented them from being able to lead a normal life. These two themes will provide the focus for the majority of the presentation.

Conclusion:

This is the first time young people have been asked directly about their lives after LT. Fatigue is a common symptom experienced by adolescents with other chronic conditions (Gibson et al 2005). Similarly, burden of medication is also well documented (Kyngas et al 2000). This study adds new information into experience of LT and reveals variation in attitudes towards symptoms and treatment across stages of adolescence. These new insights can lead to improvements in care.

Recommended reading:

Gibson F, Mulhall A, Richardson A, Edwards JL, Ream E, Sepion B. (2005) A phenomenological study of fatigue in adolescents with cancer. Oncology Nurses Forum. 32(3) 651-660

Kyngas HA, Kroll T, Duffy ME (2000) Compliance in adolescents with chronic diseases: a review. Journal of Adolescent Health. 26(6): 379-388

Richie J, Spencer L, O'Connor W (2003) Carrying out qualitative analysis, In Richie J, Lewis J. eds. Qualitative Research Practice: a guide for social science students and researchers. Sage; London

Source of Funding

Children's Transplant Foundation

8.5.1

Using the 'framework' approach for organisational case study research: An ideal match?

Val Woodward, Senior Lecturer, Community Nursing, Institute of Health Studies, University of Plymouth (UK), Plymouth,United Kingdom.

Email: Valerie.Woodward@plymouth.ac.uk

Co authors: Christine Webb; Morag Prowse

Abstract:

This presentation will analyse the use of Ritchie and Spencer's 'Framework' technique (1994) and it's appropriateness for organisational case study research. The use of the Framework in one PhD study will be examined. The study, entitled 'Nursing Research in the National Health Service: Activity, strategies and organisational models' involved organisational case studies (Yin 2003) working with five NHS trusts in one health region of the UK.

The paper will contribute to the development of knowledge about research methods in policy-related research. Organisational case-study research has long been used to study organisations in applied policy research (Yin 2003) and Ritchie and Spencer (1994) devised the Framework technique for use in the context of analysing qualitative data in applied policy research. This presentation will examine how well combining these worked in practice. The focus of the presentation will be how the researcher integrated the Framework into the analytical processes of the research, the issues that arose during this process, and the advantages and disadvantages of using the Framework when undertaking case study research.

The presentation will outline the nature of case study design to include single-case, multiple-case, holistic and embedded studies (Yin 2003) and considers how the Framework can be used in these approaches. The five key stages of the Framework will be outlined, and examples from the analytical processes will be provided to illustrate techniques used in this particular study and to demonstrate how the Framework can be of particular use in multiple embedded designs. Finally the presentation will consider rigour, and discuss how well the Framework is able to demonstrate that this vital and often much-debated aspect of case study research has been achieved.

Recommended reading:

Ritchie, J. & Spencer, L. (1994) Qualitative data analysis for applied policy research. In: Bryman, A. & Burgess, R.G. (eds) Analysing Qualitative Data. London: Routledge: pp 173-194

Yin, R.K. (2003) Case Study Research: Design and Methods. (3rd ed.) Applied Social Research Methods Series. Volume 5. London: Sage Publications

Source of Funding

None

8.5.2

Research capacity building - can nurses move outside the box?

Anne Lacey, Senior Research Fellow, ScHARR, University of Sheffield, United Kingdom.

Email: e.a.lacey@sheffield.ac.uk

Co presenter: Jo Cooke

Abstract:

'Capacity building is a general term for a process of individual and institutional development which leads to higher levels of skills and greater ability to perform useful research' (Trostle 1992) As the professions making up 80% of the healthcare workforce, much has been written and spoken about the need to develop further research capacity among nurses and midwives (DH 2000, Rafferty, Newell and Traynor 2002). University nursing departments, nursing research centres and nursing development units based in practice have all made considerable strides over the last 20 years in increasing the volume and quality of nursing research. Yet in the UK there seems little articulation between research initiatives in the professions and research capacity development in a wider context.

This paper will outline the national policies contained within the Department of Health Research Capacity Building programme and the new R&D strategy, and will suggest ways in which nurses can exploit these resources more successfully, whilst retaining their distinctive contribution to the national research agenda. Among the developments in England is the network of geographically sited Research and Development Support Units (RDSUs). Such multidisciplinary units are based, for the most part, in universities, but are funded by the Department of Health to support research capacity development in local NHS organisations. RDSUs have well developed channels of communication with R&D infrastructure in the NHS, and can offer a range of resources including training in research methods, collaborative research activity, one to one advice and support, and support for disease specific networks. Such resources should not be ignored by a profession keen to develop its research capacity.

Furthermore, the multidisciplinary character of RDSUs gives nurse researchers avenues to tap in to the specialist expertise of other disciplines who can enrich the research teams available to nursing. Nursing research is not well served by professional isolation.

Recommended reading:

Department of Health (2000) Towards a strategy for nursing research and development: Proposal for action Department of Health, London

Rafferty AM, Newell R, Traynor M (2002) Nursing and midwifery research in England: working towards establishing a dedicated fund Nursing Times Research 7: 243-254

Trostle J (1992) Research Capacity building & international health: Definitions, evaluations & strategies for success Social Science & Medicine 35: 1321-1324.

Source of Funding

Department of Health Research Capacity Building programme

8.5.3

A case study of patient dignity in an acute hospital setting

Lesley Baillie, Principal lecturer, Faculty of Health and Social Care, London South Bank University, London, United Kingdom.

Email: baillilj@lsbu.ac.uk

Abstract:

This paper presents a study which investigated patient dignity in an acute hospital ward. This topic remains under-researched, particularly in this setting, and limited methodologies have been used previously. Therefore, this research will contribute to the developing body of knowledge relating to patient dignity.

This abstract includes the background, aim, the methods and preliminary results as the data is currently being analysed. The paper will include each of these sections with some initial discussion about the results. Department of Health (DH) documents increasingly emphasise that patients have a right to dignity, but patients have been found to be vulnerable to a loss of dignity in hospital (Matiti and Trorey, 2004). The theoretical framework developed from the literature review portrayed patient dignity as being threatened or promoted by the care environment, patient attributes and staff approach.

The study aimed to examine how these factors affect patient dignity in acute care and explain how dignity can be promoted. A case study design (Yin, 2003) was selected to enable patient attributes, staff approach and the care environment to be investigated in context. A surgical ward, specialising in urology, was the setting for the study and ethical and Trust approval was obtained. The researcher collected qualitative data by conducting post discharge interviews with twelve patients and twelve four-hour periods of participant observation with follow-up interviews with the patients and staff. Twelve staff handovers were also observed and patient records and ward policies examined.

The data is being analysed using the framework approach (Ritchie and Spencer, 1994). Early results support the theoretical framework developed, that patient, staff and environment interconnect to threaten or promote dignity. Staff attitude and approach to patients (including humour, consent and information giving) are crucially important and can overcome threats to dignity such as patient exposure and intimate procedures.

Recommended reading:

Matiti, M. and Trorey, G. (2004) Perceptual adjustment levels: patients' perception of their dignity in the hospital setting. International Journal of Nursing Studies 41, 735-44

Ritchie, J. and Spencer, L. (1994) Qualitative data analysis for applied policy research. In Bryman, A. and Burgess, R.G. (eds) Analyzing qualitative data. London: Routledge, p173-194.

Yin, R.K. (2003) Case study research: design and methods. 3rd edition Thousand Oaks: Sage publications

Source of Funding

None

8.6.1

New research paradigms: The outcomes of a conference event

Michael Brown, Nurse Consultant, Faculty of Health & Life Sciences, Napier University, Edinburgh, United Kingdom

Co author: Juliet MacArthur

Abstract:

Background:

The evidence base of the health needs of people with learning disabilities is attracting increasing attention nationally and internationally and it is recognised that as a population they are high users of all healthcare systems and have different pattern of health needs that often go unidentified. As a consequence many will require general hospital care, with a need to evolve and develop the research evidence base in this area of practice needs to promote and improve healthcare.

Aim:

To identify and map out the actions and developments required to increase the evidence base on improving the health of people with learning disabilities in general hospital settings.

Method:

A facilitated focus group design was employed at a UK-wide conference event to utilise and draw on the expertise of carers and professionals to map current activity and identify areas for research in the future.

Findings:

New research paradigms were identified that require to be the focus of research in the future, highlighting the need for activity on a number of fronts to establish core principles of care for this population in general hospitals, service developments required to meet individual needs, practical care measures to improve care episodes and influence changes in local policy and practice to effectively meet needs.

Discussion and Conclusion:

With the increasing and ageing learning disability population, coupled with their high health needs, there are significant opportunities to undertake new research focussing on improving healthcare for this population in general hospitals and new research paradigms that have not been the focus of enquiry before were identified. There is considerable scope to establish and develop new research collaborations to support and enable research action in the future.

Recommended reading:

Brown M., MacArthur J & Gibbs S (2005) A New Research Agenda: Improving General Hospital Care for People with Learning Disabilities. Edinburgh: NHS Lothian

Iacono T & Davis R (2003) The experience of people with developmental disability in Emergency Departments and hospital wards. Research in Developmental Disability 24, 247-264

McCallion P & McCarron M (2004) Using Focus Groups to Elicit Views Across Disciplines and National Experiences with Intellectual Disabilities. Journal of Policy and Practice in Intellectual Disabilities 1, (2) 88–94

Source of Funding

None

8.6.2

Methodological challenges undertaking commissioned research within a healthcare context: The case of root cause analysis training

Moira Attree, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

Co authors: Caroline Carlisle; Ann Wakefield

Abstract:
This paper will identify and critically explore the methodological challenges faced by researchers undertaking commissioned research within a healthcare context, and present potential solutions, practical guidance and advice on how such challenges may be overcome. The paper will draw on our experience of conducting an evaluation study of a blended e-learning approach to root cause analysis for NHS staff.

The main aims of the study were to evaluate the effectiveness of the blended e-learning educational approach and its impact on individuals and organisations. The organisational and operational factors that influenced access to and use of electronic resources were also explored. E-learning is becoming an increasingly popular method for delivering education; many organisational education strategies now involve a blended approach, which combines face-to-face and electronic learning methods. Empirical evidence supporting the effectiveness of blended e-learning is limited. Researchers who are evaluating this form of learning can face a number of challenges. The need for flexibility in research design and the difficulties which researchers face when the demands of participants' clinical work mean they are unable to undertake the planned educational programme are highlighted. The complexities of obtaining informed consent for evaluation studies will be explored and we shall highlight specific difficulties of researching respondents who were expected to access electronic material, as well as being involved in face-to-face learning off-site.

Finally, the issue of data collection tools will be discussed. As blended e-learning is a relatively new area there were no validated, 'off-the-shelf' standardised tools; thus we needed to develop measures that would answer questions regarding the efficacy, usability and accessibility of blended e-learning. The paper will demonstrate that it is not always necessary for researchers to design data collection tools from scratch. Adapting existing structures, e.g. questionnaires, benchmarks, confidence logs, can provide an effective framework, particularly when timeframes are tight.

Recommended reading:

Dean P Stahl M Sylvester D & Peat J (2001) "Effectiveness of Combined Delivery Modalities for Distance Learning and Resident Learning," http://www.knowledgeability.biz/weblearning/blendedresults.htm accessed 20th May 2005.

Duffy TM & Kirkley JR (Eds) (2004) Learner-centered theory and practice in distance education: Cases from higher education. Mahwah, New Jersey: Lawrence Erlbaum Associates. (2004). xix, 453 pp.

Ryan M Carlton KH & Ali NS (1999) Evaluation of traditional classroom teaching methods versus course delivery via the World Wide Web. Journal of Nursing Education 38(6):272-277.

Source of Funding

North West Strategic Health Authority, National Patient Safety Agency & NHS Modernisation Agency

8.6.3

Abstract moved to 6.8.1

8.7.1

Integrated working is this the way forward for interprofessional education and practice?

Ann Wakefield, Senior Lecturer Teaching (Nursing), School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

Email: ann.b.wakefield@manchester.ac.uk

Co authors: Caroline Boggis; Mark Holland

Abstract:
This paper draws on qualitative data amassed during an interprofessional teaching and learning project undertaken in February 2003. The data is taken from focus one-to-one interviews with medical and nursing students who took part in a teaching ward project and supported by data from the facilitators' reflective diary notes.

The main theme to be discussed in the paper is the notion of team or integrated working, as the students rated this aspect of their collaborative work activities to be of significance to them as individuals and prospective practitioners. The study was originally designed to establish whether it was feasible to introduce an educational teaching ward within the medical and nursing undergraduate curriculum. The study took place in a care of the elderly ward setting located within one of the hospitals affiliated to the University of Manchester.

During the project students were encouraged to work in small teams to share their knowledge and skills related to practice. Although the students enjoyed the opportunity to engage in integrated working and learning one of the overriding comments made was that there could be too much sharing. For this reason, the students made it very clear that interprofessional education was the one 'true way of educating health professionals' but one of a wide range of methods that could be used to enhance teaching.

The reason for this sentiment manifest as a consequence of the students feeling that they each had a different role, different job and different agenda, within the health care context and hence much of the teaching for health care professionals should remain discipline specific. For this reason the paper contributes to the development of knowledge related to interprofessional learning by examining why blurring the boundaries of professional practice may not be the positive educational outcome educators perceive it to be.

Recommended reading:

Department of Health (2001) 'Working Together – Learning Together' A Framework for Lifelong Learning for the NHS. London: HMSO

Gardner DB (2005) Ten lessons in collaboration. Online Journal of Issues in Nursing. 10 (1): 15p. http://www.nursingworld.org/ojin/topic26/tpc26_1.htm accessed 23rd June 2005

Rushmer RK & Pallis GB (2002) Inter-professional working: the wisdom of integrated working and the disaster of blurred boundaries. Public Money and Management. 32(1):59-66.

Source of Funding

University of Manchester

8.7.2

Identifying opportunities for interprofessional learning in practice

Judith Parsons, Project Lead, Interprofessional Placements Project, Health and Social Welfare Studies, Canterbury Christ Church University, Canterbury, United Kingdom

Abstract:
Interprofessional learning in practice is a relatively new concept for students preparing for registration as nurses, allied health and social care professionals (Reeves and Freeth 2002). This focus group study sought to identify existing interprofessional learning opportunities in practice by exploring attitudes and understanding of contemporary collaborative practice and interprofessional learning with experienced health and social care practitioners, and identify any emerging staff training needs. The method of data collection was selected because it provided a way of modelling collaborative practice and maximising the amount of data collected (Morgan 1997). Seven focus group interviews were undertaken representing teams providing specialist and generalist services across the lifespan. They included acute, community and intermediate care settings, and physical, mental health and paediatric client groups. Six delivered specialist services, the seventh represented an acute hospital ward. Thematic analysis identified six themes: communication – formal and informal, respect and trust, roles and boundaries, time, shared vision, 'good at what we do'. Specialist teams were found consistently to work more collaboratively (Barr et al 2000), and feel able to facilitate students undertaking interprofessional learning in practice. They considered their facilitative role with students as mirroring their own ways of teamworking. This contrasted with staff working in the generalist setting, who were less clear about the meaning of interprofessional learning and collaborative working practices.

They had difficulty conceptualising ways in which they could facilitate students undertaking interprofessional learning in practice. These attitudes to working practices will have a significant impact on the introduction of interprofessional learning in practice. Staff in generalist settings, where the majority of student placements take place, will require more preparation and support to sustain interprofessional learning in practice.

Recommended reading:

Barr H., Freeth D., Hammick M., Koppel I., & Reeves S. (2000) Evaluations of Interprofessional Education: a United Kingdom Review for Health and Social Care. London, CAIPE/BERA.

Morgan, D. (1997) Focus Groups as Qualitative Research, 2nd ed. London, Sage

Reeves S., & Freeth D. (2002) The London Training Ward: an innovative interprofessional learning initiative. Journal of Interprofessional Care; 16, 2 41-52.

Source of Funding

Department of Health

8.7.3

Interprofessional education: Looking into the black box

Alison Steven, Research Associate, Department of Primary Health Care, University of Newcastle, Newcastle, United Kingdom.

Email: alison.steven@ncl.ac.uk

Co authors: Claire Dickinson; Pauline Pearson

Abstract:

Background:

Much of the literature regarding interprofessional education (IPE) has focused on describing how initiatives are organised or subsequent outcomes. These studies are often reported as if the initiative took place in a black box. It is rare to find clarification of the educational processes involved, the topics discussed and the ways in which sessions are facilitated. This study focused on sets of IPE sessions undertaken in a variety of practice settings as part of a Department of Health funded Common Learning Project site.

Aims:

The study aimed to develop an understanding of the contexts, mechanisms and outcomes involved in practice-based IPE sessions using a Realistic Evaluation approach (Pawson and Tilley, 1999).

Method:

Non-participant observations of approximately 20 IPE sessions were undertaken. A total of 107 students were involved of which 29 were nursing students. Semi structured interviews and focus groups were undertaken with students and facilitators. A whole population sample was used for the observations and a convenience sample for interviews. Data were analysed for issues relating to discussion topic, facilitation and participation.

Results

A variety of topics were discussed within the session, centred on patients, settings and professions. Some topics were introduced by facilitators and others arose spontaneously from students and clinical educators. Facilitators played a key role in encouraging students to use their experiences to develop an understanding of interprofessional working.

Discussion and Conclusion:

Facilitators and students discussed a wide variety of issues relating to interprofessional working demonstrating that it is not possible to be prescriptive about the content of IPE. Such variations have implications for training facilitators e.g. in dealing with the uncertainty of session content and process, to guide topics sensitively, and to encourage participants to discuss pertinent issues. This study illustrates the complexity of IPE which is often lost in studies focusing on outcomes or descriptions of organisational processes.

Recommended reading:

Pawson, R. & Tilley, N. (1997). Realistic Evaluation. Sage: London

Source of Funding

Department of Health

8.8.1

Cancer patients receiving chemotherapy or radiotherapy: Distress and coping and place of residence

Elisabet Hjorleifsdottir, Assistant Professor, University of Akureyri, Nursing Department, University of Akureyri, Akureyri, Iceland.

Email: elisabet@unak.is

Co authors: Ingalill Rahm Hallberg; Ingrid Ågren Bolmsjö; Elin Dianna Gunnarsdottir

Abstract:

Objectives:

The main aim of this study was to describe and compare distress and coping between male and female cancer patients, age groups and between patients who lived close to the outpatient clinic and those who had to stay away from home during the time of chemotherapy or radiotherapy treatment. A further aim was to investigate possible predictive factors associated with psychological distress. This study is part of a bigger study on cancer outpatients´ psychological distress, coping and satisfaction with care.

Methods:

A total of 220 patients, 22-91 years old, 43% men and 57% women from three oncology outpatient clinics in Iceland were assessed with the Brief Symtom Inventory (BSI 18) and The Ways of Coping–Cancer Version (WOC-CA).

Results:

Significant differences were found in overall psychological distress, depression and anxiety between women and men, women scored higher on all these dimensions. Social support, behavioural and cognitive escape- avoidance strategies were used significantly more often by women than men. The youngest age group (22-45) showed significantly more overall psychological distress, depression and anxiety than did those in the age group 70+. Significantly higher scores were found in somatic symptoms for patients who lived close to the treatment centre than those who did not, but no differences were found between these groups in coping strategies. Living alone, stress (as measured on the WOC-CA), behavioural escape-avoidance and distancing were all factors shown to be associated with psychological distress.

Conclusion:

Early identification of patients' problems, of factors influencing distress and helpful coping strategies is a vital contribution to cancer patients' treatment and should be included in nurses' work in outpatient cancer clinics.

Recommended reading:

Dunkel-Schetter, C., et al. 1992. Patterns of coping with cancer. Health Psychology, 11, 79-87.

Zabora, J., et al. 2001. The prevalence of psychological distress by cancer site. Psycho-Oncology, 10 (1), 19-28.

Zabalegui, A., 1999. Coping strategies and psychological distress in patients with advanced cancer. Oncology Nursing Forum, 26 (9), 1511-8.

Source of Funding

'none'

8.8.2

Women's expereinces of pregnancy associated breast cancer

Catherine Jack, Macmillan Lecturer, School of Healthcare, University of Leeds, Leeds, United Kingdom

Co authors: Claire Hale; Ziv Amir

Abstract:

Background:

Breast cancer is the most common cancer in women with a lifetime risk of 1 in 9. 40, 000 new cases are diagnosed annually with 8000 new cases in pre-menopausal women, 3% of whom will be pregnant at diagnosis. Diagnosis during or soon after pregnancy is associated with a poorer prognosis and with late-stage disease. Pregnancy associated breast cancer (PABC) represents a unique conjunction of two major life events and there is a lack of research exploring women's experiences in this group. This paper will briefly outline Narrative Inquiry as a research method of interest and present data on 40 patients identified and findings from 11 patients interviewed.

Aims of Study:

- To investigate the impact of PABC on women's perception of their role and relationships.
- To explore how cancer diagnosis and treatment modified experiences of pregnancy and childbirth.

Methods:

PABC was defined as breast cancer diagnosed during pregnancy or up to one year after childbirth. Patients diagnosed from 1998 onwards were identified by clinical nurse specialists in 11 breast care units across the Yorkshire Cancer Network. 40 patients were identified and interviews with 11 patients were recorded and analysed using standard qualitative research methods.

Results:

In the short term, women with PABC experience problems combining cancer treatment with breastfeeding and child care. In the longer term, caring for an infant while having a life threatening illness is associated with fear for the future, fear of recurrence, need for self preservation, loss of primary carer role and survivorship issues.

Discussion and Conclusion:

PABC is a rare event. The results of this study demonstrate that patients face a unique set of personal challenges that requires the development of specific expertise within the cancer network. As increasing numbers of women delay childbearing, the incidence of PABC is likely to increase.

Recommended reading:

Royal College of Obstetricians and Gynaecolgists (2004) Pregnancy and Breast Cancer. RCOG.

Miller T (2000) Losing the Plot: Narrative Construction and Longitudinal Childbirth Research. Qualitiative Health Research. 309-323.

Gemignani MI, Petrek JA, Borgen PI. (1999) Breast cancer and pregnancy. Surg Clin North Am. 79: 1157-69.

Source of Funding

Macmillan Cancer Relief

8.8.3

A patient and carer focused qualitative study of a nurse-led cancer support service in primary care

Rhona Hogg, Community Nursing Research Facilitator, Community Nursing, Lothian Primary Care NHS Trust, Edinburgh, United Kingdom

Co author: Nancy Campbell

Abstract:

Background:

Two part-time cancer support nurse posts have recently been established within the community nursing service in Lothian to support people newly diagnosed with cancer. This is in response, not only to a perceived need to enhance community cancer services but also to recent policy developments and recommendations (Glover 2000, Scottish Executive 2001, Scottish Executive 2003).

Aims:

To construct a patient and carer centred account of their needs around diagnosis of cancer. To examine the role of the primary care cancer support nurse and other health care professionals in supporting people recently diagnosed with cancer and their carers.

Methods:

Semi-structured interviews are being held with sixteen cancer patients. Partners/main carers identified by patients are also being interviewed. Professionals identified by patients, including GP's, consultants, nurses from both community and hospital settings, and the two cancer support nurses are also being interviewed. Phenomenology seeks to understand the patient's lived experience, to illuminate the specific, to identify the elements that they value and perceive beneficial within the cancer care and support services, the cancer support nurse and other health care professionals, analysed in context of their overall personal cancer experience.

Results:

Analysis will be complete and results available in time for the conference (funding ceases in April 2006) A patient and carer focused qualitative study of a nurse-led cancer support service in primary care will be presented and discussed in relation to previous studies into hospital based and community palliative care cancer services.

Purpose and implementation of Results:

The purpose of the study is to ascertain the self-perceived support needs of people with cancer and their carers. The study will identify the need for and guide the development of the cancer support nurse role, identify gaps and overlaps in service provision and clarify the relationship between primary and secondary care support services.

Recommended reading:

Glover E. (2000) Cancer Nursing in the Community, Primary Health Care 10 (6), 22-24.

Scottish Executive (2001) Cancer in Scotland: Action for Change. Edinburgh: The Stationery Office.

Scottish Executive (2003) Partnership for Care: Scotland's Health White Paper Edinburgh: The Stationery Office

Source of Funding

Chief Scientist Office, Scottish Executive

8.9.1

Qualitative differences between general practitioner and nurse practitioner consultation strategies in primary care

Anne Williams, RCN Professor of Nursing Research, Nursing, Health and Social Care Research Centre, School of Nursing and Midwifery Studies, Cardiff University, Cardiff, United Kingdom

Abstract:

Background:

Concern to establish patient-centred services (Vrijhoef et al. 2001) and efficient division of labour in primary care (Sibbald 2003) informs research on role boundaries between primary care nursing and medicine. Randomised controlled trials suggest patients tend to be more satisfied with nurse practitioner consultations than with general practitioners (GP)(Horrocks et al. 2002).

Aims:

The study of qualitative differences between GP and nurse consultations in UK primary care aimed to consider strategies utilised by nurse practitioners, how these strategies differ from those of GPs and to consider if the findings can explain the outcomes of nurse practitioner care reported in the literature. Methods Permission was gained to conduct the research across sites in England and Wales. A data set of 21 transcripts (10 GP and 11 Nurse practitioner consultations) was sampled strategically from a sample of 100 video-recorded consultations (51 from 5 GPs and 49 from 4 nurse practitioners). A thematic analysis of the transcripts was informed by insights from social anthropology.

Findings:

Nurse practitioner and GP consultations shared a number of features including patients presenting with similar concerns. Patient agreement with outcome of consultation was a feature of both. Both displayed a structured approach to medication and treatment. The nurse practitioners displayed a more strategic approach to the integration of lifestyle and health information into the consultation, with a focus on practical advice and information. Discussion The paper discusses similarities and differences regarding use of communication skills, risk management and strategies to mitigate power imbalances between practitioner and patient. Findings are related to high quality, international literature, thus contributing to global debates on divisions of labour in health care.

Conclusions:

For both professions it is apparent that outcome of consultation is affected by the complexities of patients' lives and this may in part explain satisfaction with an approach that takes lifestyle seriously.

Recommended reading:

Horrocks S. Anderson E. & Salisbury C. (2002) Systematic review of whether nurse practitioners working primary care can provide equivalent care to doctors. British Medical Journal 324:819-823

Sibbald B. Shen J. McBride A. (2003) Changing the skill mix of the healthcare workforce. Journal of Health Services Research and Policy 9:Suppl 1:28-38..

Vrihoef HJM Diedericks JPM Spreeu Wenberg C. Wolffenbuttel BHR (2001) Substitution model with central role for nurse specialists is justified in the care for stable type 2 diabetic out-patients. Journal of Advanced Nursing 36 (4): 546-555

Source of Funding

Wales Office of Research and Developement for Health and Social Care

8.9.2

Primary care nurse practitioners' use of information resources

Ann Adams, Principal Research Fellow, Warwick Medical School, Warwick, United Kingdom.

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Co author: Margaret Thorogood

Abstract:

Introduction:

Building on existing work (Thompson et al 2000; Hoban 2004 and RCN 2005) this paper examines how primary care nurse practitioners (PCNPs) use information resources. It explores participants' use of web-based resources relative to computerised and paper-based resources, and the extent to which they also rely on colleagues for information. It examines the frequency with which PCNPs use different types of resources, the circumstances in which they use them, and reasons for their choices. The implications of findings for autonomous working and evidence-based practice are considered, as well as how using different resources affects patient consultations.

Methods:

Semi-structured interviews are being carried out with 12 PCNPs from one Strategic Health Authority. Data are being analysed using qualitative thematic analytic methods.

Results:

Preliminary findings suggest interesting variation in the ways in which our participants used information resources, mediated by considerations of accessibility, familiarity, speed and trust. Several routinely used computerised information resources (e.g. GPnotebook, Mentor, Prodigy) and paper-based information resources e.g. BNF, journals, clinical guidelines. More variation is evident in their use of web resources and colleagues however, with less experienced PCNPs demonstrating greater reliance on GPs for information, while those who have been in the role longer appear more likely to search independently for information on the Internet. Both positive and negative views are held about the use of information resources within patient consultations, which the paper will highlight. Lack of formal IT training may also contribute to the observed differences.

Conclusions:

As PCNPs become more experienced they may be more likely to search for evidence-based information on the web and work more independently of GPs. However, more formal training in the use of available web resources may help PCNPs to develop an independent, evidence-based approach to their practice. With experience, PCNPs develop positive strategies for working with computers during patient consultations.

Recommended reading:

Thompson, C., McCaughan, D., Cullum, N., Sheldon, T., Thompson, D. and Mulhall, A. (2000). "Nurses' use of research information in clinical decision making: a descriptive and analytic study." Report presented to the NHS R&D Programme in evaluating methods

Hoban, V. (2004). "Nursing in the electronic age." Nursing Times, 100 (10): 19-22.

Royal College of Nursing (2005) "Report of key findings of RCN's survey of the information needs of nurses, health care assistants, midwives and health visitors." London, RCN: 45.

Source of Funding

BMJ Knowledge

8.9.3

Supporting informed decision-making in relation to the MMR vaccine: Findings of a systematic review

Cath Jackson, Research Fellow (Public Health), School of Healthcare, University of Leeds, Leeds, United Kingdom.

Email: c.j.jackson@leeds.ac.uk

Co authors: Francine Cheater; Innes Reid

Abstract:

Background:

Controversy over the safety of the combined measles, mumps and rubella (MMR) vaccination has reduced UK vaccination rates (Department of Health, 2004). Reliance on health professionals alone to provide information has limited impact on informing parents' decisions about MMR; an alternative approach would be an expert-informed but parent-led intervention (McMurray et al., 2004). A project is underway to develop and test a parent-led intervention to support informed parental decision-making in relation to the MMR vaccine. The first phase is a systematic review (completed December 2005). The findings will inform the development of the parent–led intervention to be tested in the second phase. This paper will present the findings of the review.

Review Questions

(1) What are the decision support needs of

(a) parents attempting to make an informed decision about child health?

(b) adults attempting to make an informed health decision for which there is controversy?

(2) How effective and appropriate are existing decision support strategies in these contexts?

Method search strategy:

Databases include Medline, CINAHL, Embase, PsycINFO, ASSIA, Bibliomap, HealthPromis, Cochrane Library. Inclusion criteria: Studies of all designs, published in English. Data extraction and analysis: Three reviewers independently extract and analyse data and assess research quality.

Results:

Data extraction and analysis is ongoing. To date, preliminary analysis of 112 papers across a range of child health decisions (review question 1a) has revealed four key components of decision support needs of parents: relationship with health professional, information format, decision-making environment, real choice. Only 30% of papers have focused on informed decision-making.

Discussion and conclusions:

Implications of the complete review findings for the development of the parent-led intervention will be discussed. The issue of informed decision-making versus informed consent in the context of UK childhood vaccination policy and practice will be considered.

Recommended reading:

Department of Health (2004). NHS Immunisation Statistics, England: 2003-2004. HMSO: London, UK.

McMurray, R. & Cheater, F.M. et al. (2004). Managing controversy through consultation: a qualitative study of communication and trust around MMR vaccination decisions. British Journal of General Practice, 54, 520-525.

Source of Funding

Department of Health Public Health Initiative Award

8.10.1

Developing clinical placements for nursing students in U.K.general practice: A survey of the views of practice nurses

Kevin Corbett, Lecturer in Nursing (Adult), Health Sciences, University of York, York, United Kingdom

Co author: Sonia Bent

Abstract:

Background:

British general practices historically have not offered practice placements within the pre-registration nursing curricula. This study explored the views of practice nurses (PN's) within one inner city Primary Care Trust (PCT) about their current/future role in providing mentorship for pre-qualifying nursing students and the potential for further developing the role of general practice placements within pre-registration nursing curricula.

Aims:

The overall aim of this survey was to enhance the local evidence-base for universities to develop practice placements for pre-qualifying student nurses within the general practice setting.

Methods:

A questionnaire of open/closed items was developed from a literature review and a pilot study using three practice nurse forums. Data was collected from a purposive sample of PN's. Partnership work between key stakeholders within a recently established community-based clinical placements working group addressed political problems and stakeholder disputes.

Results:

Qualitative/quantitative analyses were undertaken on the data by a panel of key stakeholders. 38 completed questionnaires were received achieving a 97% response rate. The sample mostly reported positive views of the mentorship role and of the potential in general practice to place students. Concerns were expressed about mentorship preparation, time constraints and the attitudes of general practice physicians.

Discussion:

Findings are discussed in relation to the study limitations; positive responses from the sample for developing the mentorship role; the perceived constraints in the general practice environment for education/training; the local/national context for pre-qualifying practice placements and the particular range of norms/values pervading general practice that appear incompatible with the values of a 'reformed' and 'modernized' National Health Service.

Recommendations:

Recommendations are made in respect of the nature of mentorship preparation for practice nurses and the potential future yet uncertain role for PCT's and general practices in providing placements within U.K. pre-qualifying nursing curricula.

Recommended reading:

Royal College of Nursing (2002) Helping students get the best from their practice placements. A Royal College of Nursing toolkit. London: RCN.

NHS Scotland (2001). The Development of Quality Standards for Practice Placements. Edinburgh: NHS Education for Scotland, NHS Scotland.

Lloyd Jones M, Akehurst R (2000) Should service providers be paid for providing pre-registration clinical placements? Journal of Advanced Nursing 32 (2), 432-436.

Source of Funding

None

8.10.2

Abstract moved to 6.12.1

8.10.3

From a student's point of view it must be really confusing: Student engagement in interprofessional working in practice placement settings

Katherine Pollard, Research Fellow, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom.

Email: Katherine.Pollard@uwe.ac.uk

Co authors: Kathryn Ross; Robin Means

Abstract:

Despite continued emphasis on interprofessional education, claims for its effectiveness remain controversial (Glen 2004, Zwarenstein et al 2005). In spring 2003 an English Faculty of Health and Social Care commenced a multi-method study exploring interprofessional learning opportunities for students in practice placements. This was a component in a wider programme evaluating the Faculty's pre-qualifying interprofessional curriculum.

The study aim was to identify factors contributing to students' engagement in interprofessional learning and working, and to investigate their transference of appropriate skills from academic to practice settings. Case studies were conducted in 8 settings – a stroke rehabilitation unit, a mental health hospital liaison team, a cardiac ward, a medical ward for older patients, a maternity unit, a paediatric unit, an integrated community learning disabilities team and a residential facility for adults with challenging behaviour. Gaining access was complex, due to variable student timetables and research governance requirements (DH 2002). Sites were therefore selected according to geographical area and timing of final-year student placements. Instruments included a staff survey (n=73), observations, and interviews with 22 staff members, 15 students and 2 service users. Qualitative data were analysed thematically; survey data were analysed in terms of descriptive statistics. Both within-case and cross-case analysis were used to address the study aims.

This paper presents findings concerning the nature of student engagement in interprofessional working. A key finding was the variability of student experience across, and sometimes within, the different settings. Contributing factors included the 'fit' between rhetoric and reality in practice environments, students' chosen profession, the influence of differing professional cultures, practitioners' support for interprofessional learning and their varying expectations of students in this regard. Implications for the educational requirements of students from different professions are discussed in relation to the need to equip the future workforce to function effectively in a multi-professional environment.

Recommended reading:

DH (2002) The NHS Research Governance Framework DH, London

Glen S (2004) Interprofessional education: the evidence base influencing policy and policy makers Nurse Education Today 24(3): 157-159

Zwarenstein M, Reeves S, Barr H, Hammick M, Koppel I, Atkins J (2005) Interprofessional education: effects on professional practice and

health care outcomes. Software, The Cochrane Library, Oxford

Source of Funding
Avon, Gloucestershire and Wiltshire Workforce Development Confederation

8.11.1

Conducting a complex, exploratory study with a refugee community: Practical and methodological challenges

Marianne Johnson, 3rd year PhD Nursing Student, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

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Co authors: Ann Caress; Zeinab Mohamed

Abstract:
Aim of paper:

This paper will discuss practical and methodological challenges faced by researchers conducting a complex, exploratory study with a refugee community, and will suggest possible strategies to overcome these.

Background:
Despite interpreters repeatedly being cited as the best strategy to overcome communication difficulties in clinical consultations, studies continue to report their inadequacies and the lack of alternatives (Gerrish, 2004, Rhodes & Nocon, 2003).

The Study:
The study aimed to develop alternative communication strategies to facilitate cross-cultural communication in clinical consultations. The communication strategies utilised originate in the field of Augmentative and Alternative Communication (AAC), a branch of speech and language therapy which traditionally provides supplementary or alternative forms of communication for individuals with a speech impairment (Lloyd et al. 1997). The AAC methods tested with Somalis in this study included communicating with pictographic symbols on a paper-based or computerised device.

Methodological and Practical Challenges:
The following issues will be discussed:

1) There was a lack of similar complex studies to guide the research design, necessitating innovative approaches and development of an iterative, multiphase, mixed methods design.

2) The interdisciplinary nature of the study, requiring cross-discipline collaboration.

3) Working with Somali participants from the community (sampling, recruiting, data collection).

4) Piloting standardised tests and developing new data collection methods appropriate for Somalis.

Conclusion:
There is currently little literature to guide researchers intending to conduct complex studies that aim to solve real world problems for clinicians working with refugee communities. Such work presents practical and methodological challenges which require both innovative and pragmatic solutions.

At the end of the presentation, participants will be able to:

- Demonstrate understanding of what AAC technologies are and their potential role in enhancing clinical consultations.
- Appreciate the methodological and practical challenges facing researchers working in this area and identify some potential solutions.

Recommended reading:
Gerrish, K., Chau, R., Sobowale, A. & Birks, E. (2004) Bridging the language barrier: the use of interpreters in primary care nursing. Health and Social Care in the Community, 12(5), 407-413.

Lloyd, L.L., Fuller, D.R. & Arvidson, H.H. (eds.) (1997) Augmentative and Alternative Communication. A Handbook of Principles and Practices. Boston: Allyn and Bacon.

Rhodes, P. & Nocon, A. (2003) A problem of communication? Diabetes care among Bangladeshi people in Bradford. Health and Social Care in the Community, 11(1), 45-54.

Source of Funding
Institute of Health Sciences, The University of Manchester - 3 year FN Marshall Interdisciplinary PhD Studentship Award

8.11.2

Criticising nursing research from an ethical point of view: A framework and examples

Martin Johnson, Professor in Nursing, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom

Email: m.johnson2@salford.ac.uk

Co author: Tony Long

Abstract:
Focus:
In this paper we will introduce a new framework with which to evaluate research critically from an ethical point of view.

Background:
Despite a good deal of progress in the evaluation of research protocols by the various bodies and committees charged with this duty, it is still rare to find published any detailed critique of research studies from an ethical point of view. Reviewers and committees examine paperwork stating what researchers intend to do, rather than what they are actually doing or have done. In other cases, researchers elect to avoid ethical committees and other approval mechanisms. They may believe that these procedures will prevent, obstruct or delay research which they believe is in the wider public interest, or they may convince themselves that labelling their investigation as 'audit' or 'evaluation' will avoid these potentially difficult examinations. Historically, researchers tended to assume that their work was both important and that their integrity was sufficient to avoid harms. Most notorious of these were American sociologist Laud Humphreys (1975) who secretly studied the promiscuous sexual behaviour of gay men in public places such as toilets, and psychologist Stanley Milgram (1974) who engaged volunteers to 'electrocute' research subjects in a laboratory experiment in obedience to authority. Given the almost complete absence of 'ethical evaluation' in published nursing research we will provide key questions which may be asked in the examination of the ethical conduct of health care research. We will analyse and evaluate health research examples to illustrate how this important skill may be developed. In particular we will suggest that academic papers and theses should give much greater prominence to critical evaluation than is presently the case.

Recommended reading:
Humphreys, L. (1970) The tearoom trade: impersonal sex in public places, Aldine, Chigago.

Milgram, S. (1974) Obedience to authority: an experimental view, Harper and Row, New York.

Source of Funding
None

8.11.3

The ethics of undertaking research with children: Is there a need for a multi-disciplinary approach?

Alison Twycross, Principal Lecturer in Children's Nursing, Faculty of Health and Social Care Sciences, Kingston University, St George's University of London, London, United Kingdom.

Email: atwycross@hscs.sgul.ac.uk

Abstract:
Research needs to be carried out ethically to ensure that (potentially) vulnerable participants are protected from harm. This means considering issues relating to informed consent, anonymity and confidentiality, protection of privacy, and the protection of participants from discomfort and harm. Several documents in the UK outline the principles that should be adhered to when carrying out research with children and young people (For example: Royal College of Paediatrics and Child Health 2000, National Children's Bureau 2003; Medical Research Council 2004). Despite such strong ethical principles, there are disparities between the different codes/statements of principles and in whether adherence to these codes/statements of principles is monitored. Furthermore, in relation to research with and on children and young people there is currently no consensus document in use, within the UK or elsewhere, that all disciplines are called to adhere to. This results in a variety of inconsistent approaches being adopted. In part, this may be the very contentious nature of ethics and indeed, Dimond (2002) notes that ethical decision-making is fraught because there are no clear right and wrong answers. Thus, what is important is that ethical principles are applied consistently. The paper will: o review the current UK guidelines available about research with children o consider what ethical principles all researchers working with children and young people should adhere to o discuss whether there should there be one code of conduct for all researchers working with children and young people o and (if so) whether there is a need to monitor adherence to such a code

Recommended reading:
Medical Research Council (2004) Medical Research Involving Children, MRC, London.

National Children's Bureau (2003) Guidelines for Research, NCB, London

Royal College of Paediatrics and Child Health Ethics Advisory Committee (2000) Guidelines for the Ethical Conduct of Medical Research Involving Children, Archives of Disease in Childhood, 82(2): 117-182

Source of Funding
None

8.12.1

Locality based nursing education commissioning and delivery: An exploration of stakeholders' views

Michelle Myall, Research Fellow, School of Nursing and Midwifery, University of Southampton, Southampton, United Kingdom.
Email: m.myall@soton.ac.uk

Co author: Judith Lathlean

Abstract:
In an attempt to address the shortages of qualified nursing staff, increasing the numbers of students entering nurse education has become a clear priority for the government (DH 2000). Almost 88 000 are currently entered onto pre-registration nursing programmes, with the number likely to rise as part of the government's modernisation agenda for the NHS. The growth in numbers of students recruited to pre-qualifying nursing programmes will inevitably place pressures on HEIs, particularly in regard to practice placement capacity. This could potentially affect the quality of the learning environment, and act as a contributory factor to higher attrition rates. As a result innovative ways of organising and delivering nurse education need to be implemented to address these issues.

This paper will present findings from Phase 1 of an ongoing evaluation of a locality based nurse education commissioning initiative developed in one Strategic Health Authority as a way of managing increased student numbers. Using an action based approach, interviews and questionnaires were used to collect data from a range of key stakeholders. Semi-structured interviews were conducted with a purposive sample of academics, clinical and trust staff and education commissioners to obtain their views and initial perceptions of locality commissioning, and were inductively analysed. Self administered questionnaires were completed by a convenience sample of student nurses and midwives; these were analysed using a combination of SPSS and thematic content analysis. Findings presented will include: perceived benefits and drawbacks of locality commissioning for students, staff and the organisations involved; the extent to which locality commissioning has impacted on the delivery and organisation of pre-qualifying nurse education; and challenges to the locality commissioning process.

Results will provide important feedback on the success of the locality commissioning initiative and its potential to inform the development of the organisation and delivery of nursing education on a wider basis.

Recommended reading:
Department of Health (2000) The NHS Plan. London: Department of Health

Source of Funding
Hampshire and Isle of Wight Workforce Development Confederation

8.12.2

Evaluating a work based learning approach to nurse education: A collaborative approach between an acute NHS Trust and Higher Education Institution

Tracey Williamson, Research Fellow, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom

Email: T.Williamson@salford.ac.uk

Co authors: Denise Owens; Jackie Leigh

Abstract:
Aims:
To examine the current drive for work based learning (WBL) approaches to nurse education; explore the design of a pilot WBL module aimed at widening participation; identify preliminary findings from the longitudinal evaluation study.

Background:
This presentation outlines a collaboration between an acute NHS trust and HEI in the development and evaluation of a WBL pilot module tailored for rehabilitation nurses for whom involvement in post-registration professional development has traditionally been avoided or difficult to access. A bespoke, elongated module utilising self-selected assessment methods and a virtual learning environment has been employed. The evidence base for WBL is limited yet it is an increasingly popular approach viewed as a means of integrating theory and practice through learning in the workplace (Dewar and Walker 1996, Hitchen 1994). WBL is not a cheap option and delegates are invited to appraise whether the intensive approach to developing nurses is worth the perceived and tangible outcomes identified.

The evaluation:
Rigorous evaluation of the pilot includes the eliciting of views and expectations (Phillips and Stone 2002) (and latterly outcomes) in three stages: at baseline/module outset, endpoint/module end and six months on to identify any impact on the practice environment. The findings from stages 1 and 2 are presented. Learning is shared from the different stakeholder perspectives of running the module, participating in it as a student or managing staff who took part in it.

Primary data from individual interviews and secondary data have been utilised.

This presentation focuses on:
- Drivers and current evidence base for WBL approaches
- Outline of pilot WBL module design
- Evaluation study design
- Formative findings

Conclusions:
Greater understanding of the WBL approach to widening participation will be achieved. Good practice in evaluating innovations in nursing education will be disseminated.

Recommended reading:
Dewar B J and Walker E (1996) Experiential learning: issues for supervision, Journal of Advanced Nursing, 30 (6) 1459-1467

Hitchen JM (1994) Educating nurses for community care, British Journal of Nursing, 3, 406-408

Phillips JJ and Stone RD (2002) How to measure training Results: A practical guide to tracking the six key indicators. McGraw-Hill. New York.

Source of Funding
Pennine Acute Hospitals Trust; University of Salford

8.12.3

Evaluating competency assessment post qualification: Key to radical reform and a skilled healthcare workforce

Elizabeth Rosser, Director of Postgraduate and Post Qualifying Modular Scheme, Faculty of Health & Social Care, University of the West of England, Bristol, United Kingdom.

Email: Elizabeth.Rosser@uwe.ac.uk

Co author: Cathryn Havard

Abstract:
Background:
Since 2004, Skills for Health have begun to introduce competence and qualification frameworks which focus on patient need rather than existing professional and occupational boundaries across the whole UK health sector. The main aim is to standardise expectations and increase transferability of competence in support of service redesign and the extension of existing roles and development of new roles. The drive towards a competent workforce unrestricted by professional alignment raises the question of how this should be managed locally and who should be responsible for its assessment. Although not a statutory requirement for programmes preparing post qualifying practitioners for specialist areas of practice, one university in SW England joined with its practice stakeholders to develop and evaluate a new competency-based practice assessment tool building on existing national frameworks.

Aim:
This paper reports the findings of the collaborative evaluation to determine the effectiveness of the tool and the process of assessment.

Methods:
A multimethod approach to data collection was adopted and included self administered postal questionnaires to all students who had completed the document (n=481) and a purposive sample of practice mentors (n=174). 22 academic leads and representatives from practice participated in the project. Sample: 34% (n=161) students responded and 21% (n=37) mentors.

Data analysis:
Quantitative data were analysed using SPSS version 11 and content analysis was undertaken for the qualitative data. Findings: Both students and mentors concur in their positive response. Using a tripartite learning contract, they recommend greater flexibility in accommodating different levels of experience and creativity and greater parity across the quality of student evidence. Continuation of the university work-based learning days and support for practice mentors and annual review of the specialist competencies were also supported.

Conclusion:
Assessing competence post qualification is key to radical reform and a skilled workforce in the UK health service.

Recommended reading:
Girot E.A. and Havard C.P. (2005) Evaluation of the Post Qualifying Continuous Assessment of Practice Profile. Report, University of the West of England, Faculty of Health and Social Care, July. !SBN: 1 86043 376 6

Metertoja R., Leino-Kilpi H. and Kaira A. (2004) Comparison of nurse competence in different hospital work environments. Journal of Nursing Management, 12(5) 329-336

Skills for Health (2004) The future of skills: Raising your game: how Skills for Health is setting out to tranform the workforce of the whole health sector. Health Service Journal [online], supplement 22nd July. Available from: http://www.skillsforhealth.

Source of Funding
None

Friday 24 March

11.30 - 13.00
Concurrent session 9

9.1.1

Wound cleansing for pressure ulcers - a systematic review

Zena Moore, Lecturer, Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland, Dublin 2, Ireland

Co author: Seamus Cowman

Abstract:

Background:
Pressure ulcers (also called pressure sores, bed sores and decubitus ulcers) are areas of tissue damage that occur in the very old, malnourished or acutely ill, who cannot reposition themselves (Robertson et al, 1990). Pressure ulcers impose a significant financial burden on health care systems and negatively affect quality of life (EPUAP, 2002; Bader et al, 2004) Wound cleansing is considered an important component of pressure ulcer care. Therefore, this systematic review sought to answer the following question: What is the effect of wound cleansing solutions and wound cleansing techniques on the rate of healing of pressure ulcers? Search Strategy: We searched the Special Trials Register of the Cochrane Wounds Group (up to August 2005), and the Cochrane Central Register of Controlled Trial (The Cochrane Library Issue 3, 2005). We Searched bibliographies of relevant publications retrieved. We contacted drug companies and experts in the field to identify studies missed by the primary search. Selection criteria: Randomised controlled trials (RCTs) comparing wound cleansing with no wound cleansing, or different wound cleansing solutions, or different cleansing techniques, were eligible for inclusion if they reported an objective measure of pressure ulcer healing.

Data Collection and Analysis:
Two authors extracted data independently and resolved disagreements through discussion and reference to the Cochrane Wounds Group editorial base. A structured narrative summary of the included studies was conducted. For dichotomous outcomes, relative risk (RR), plus 95% confidence interval (CI) were calculated; for continuous outcomes, weighted mean difference (WMD), plus 95%CI were calculated. Meta analysis was not conducted because of the small number of diverse RCTs identified.

Main Results:
No studies compared cleansing with no cleansing. Two studies compared different wound cleansing solutions: a statistically significant improvement in Pressure Sore Status Tool scores occurred for wounds cleaned with saline spray containing Aloe vera, silver chloride and decyl glucoside (Vulnopur) compared to isotonic saline solution (P value = 0.025), but no statistically significant change in healing was seen when water was compared to saline (RR 3.00, 95%CI 0.21-41.89). One study compared cleansing techniques, but no statistically significant change in healing was seen for ulcers cleansed with, or without, a whirlpool (RR 2.10, 95% CI 0.93-4.76).

Conclusion:
We identified only three studies addressing cleansing for pressure ulcers. One noted a statistically significant improvement in pressure ulcer healing for wounds cleansed with saline spray containing Aloe vera, silver chloride and decyl glucoside (Vulnopur) compared to isotonic saline solution. Overall there is no good trial evidence to support the use of any particular wound cleansing solution or technique for pressure ulcers. This paper will present the process and findings of this systematic review.

Recommended reading:

Robertson J., Swain I., Gaywood I.(1990) The importance of pressure sores in total health care. In: Bader D.L.Ed.Pressure sores, clinical practice and scientific approach. London: Macmillan press, 3-13.

European Pressure Ulcer Advisory panel. (2002). Summary report on the prevalence of pressure ulcers. EPUAP Review; 4(2):49-57

Bennett G., Dealey C., Posnett J. (2004). The cost of pressure ulcers in the UK. Age and Ageing; 33(3):230-5

Source of Funding
The Health Research Board, Ireland

9.1.2

PRESSURE Trial: Pressure RElieving Support SUrfaces: a Randomised Evaluation of overlay and replacement alternating pressure mattresses ISRCTN 78646179

Jane Nixon, Deputy Director CTRU, Northern and Yorkshire Clinical Trials and Research Unit, University of Leeds, Leeds, United Kingdom.

Email: j.e.nixon@leeds.ac.uk

Co authors: Gillian Cranny; E. Andrea Nelson, Cynthia Iglesias, Angela Phillips, Kim Hawkins, David Torgerson, Su Mason and Nicky Cullum

Abstract:

Background and Aims:
The objective of the PRESSURE Trial was to determine whether there are differences between alternating pressure overlay and replacement mattresses. The primary endpoint was the development of a new pressure ulcer of ≥ Grade 2; a secondary endpoint included patient acceptability.

Methods:
We conducted a multi-centre, randomised, controlled, trial in 11 hospitals (6 NHS Trusts). The target population was patients aged ≥55 years admitted to vascular, orthopaedic, medical or elderly care wards, either as acute or elective admissions, in the previous 24 hours. Randomisation was via a 24-hour randomisation automated telephone system, ensuring allocation concealment. Patients were randomised between alternating pressure overlay and replacement mattresses.

Results:
Of 6155 patients assessed for eligibility a total of 1972 participants were randomised (990 to overlays and 982 to replacements). 106 (10.7%) overlay patients and 101 (10.3%) replacement patients developed one or more new Grade 2 pressure ulcers. The difference in the proportions of patients with a new pressure ulcer (overlay – replacement) was 0.4% (95% CI: -2.3% to 3.1%). In the adjusted analysis using the intention to treat population, the odds ratio for developing a new pressure ulcer on overlay compared with replacement was 0.94 (95% CI: 0.68 to 1.29, p=0.70). More overlay patients requested mattress changes due to dissatisfac-

tion (23.3%) than replacement patients (18.9%, p=0.02).

Discussion and Conclusion:
There is no difference between alternating pressure overlay and replacement mattresses in terms of the proportion of patients developing new pressure ulcers, however mattress replacements were more acceptable to patients. The results are important in allocating mattresses to patients assessed as at risk of pressure ulcer development. This study was supported by a grant from the NHS R&D Health Technology Assessment Programme. The views and opinions expressed in the paper do not necessarily reflect those of the NHS Executive.

Recommended reading:
Nixon J, Nelson EA, Cranny G, Iglesias C, Hawkins K, Cullum N, Phillips A, Spilsbury K, Torgerson D, Mason S. Pressure Trial: Pressure Relieving Support Surfaces: a randomised evaluation Health Technol Assess, in press.

Source of Funding
NHS R&D Health Technology Assessment Programme

9.1.3

Systematic review of methods of diagnosing infection in diabetic foot ulcers

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Co authors: Susan O'Meara; Su Golder; Jane Dalton; Dawn Craig and Cynthia Iglesias on behalf of the DASIDU steering group

Abstract:

Background:
Diagnosis of infection in foot ulcers may involve clinical judgement and/or laboratory analysis of microbiological specimens, obtained via wound swab, curettage, tissue biopsy, or fine-needle aspiration. The optimum clinical decision pathway for managing diabetic foot ulcer infection in terms of clinical assessment, wound sample collection, sample analysis and antibiotic prescribing is yet to be defined.

Aim:
To undertake a systematic review of the diagnostic performance of clinical examination, sample acquisition and sample analysis in infected diabetic foot ulcers.

Methods:
Nineteen electronic databases plus other sources were searched to November 2002 with no restriction on language. To be included, studies had to fulfil the following criteria: (1) compare a method of clinical assessment, sample collection or sample analysis with a suggested reference standard; (2) recruit people with diabetic foot ulcers; (3) present 2x2 diagnostic data. Two reviewers made decisions on inclusion independently and resolved disagreements by discussion. Critical appraisal of studies (using a 12-item checklist) and data extraction were done by one reviewer and checked by a second.

Results:
The literature searches yielded 2762 references of which 250 were ordered for further scrutiny. Three eligible studies were identified, one each on clinical examination, sample collection and sample analysis. For all three, study groups were heterogeneous with respect to wound type and only a small proportion of participants had diabetic foot ulcers. No studies identified an optimum reference standard. Other methodological problems included non-blind interpretation of tests and the time lag between index and reference tests. Individual signs or symptoms of infection did not prove to be useful tests when assessed against punch biopsy as the reference standard. The wound swab did not perform well when assessed against tissue biopsy. Semi-quantitative analysis of wound swab might be a useful alternative to quantitative analysis. Limitations of these findings and their impact on recommendations from relevant clinical guidelines were considered.

Conclusion:
The available evidence is too weak to draw reliable implications for practice, and did not add anything useful to existing clinical guideline recommendations.

Source of Funding
Department of Health

9.2.1

The role of the diabetes specialist nurse prescriber on diabetes service delivery in secondary care

Nicola Carey, Senior Research Fellow, School of Health and Social Care, University of Reading, Reading, United Kingdom.

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Co author: Molly Courtenay

Abstract:

Background:
A lack of understanding about diabetes amongst hospital staff (Audit Commission 2000), discharge delays (Davies et al 2001), and errors in the administration of insulin (Hiscock et al 2001) are shortfalls identified at a national level in the diabetes service. The National Service Framework (NSF) for Diabetes, emphasises the role of the nurse in service delivery for diabetes patients. The advent of nurse prescribing should optimise the role of the nurse when caring for these patients. However, the activity and impact of nurse prescribing in diabetes care is unevaluated

Aim:
To evaluate the role of the diabetes specialist nurse prescriber on diabetes service delivery in secondary care. Method An experimental approach has been adopted in order to compare nurse and doctor-led services. Data from a convenience sample of over 250 patients admitted onto 6 hospital wards will be collected and analysed over a 1 year period. During the first 3 months of data collection (pre-intervention phase), patients will receive a traditional doctor-led model of care. This will be followed by a 1 month period designed to enable ward staff to adjust to a nurse led service. Data will then be collected for a further 3 months (intervention phase) during which patients will receive a nurse-led model of care.

Results:
Data collection and analysis will be complete by February 2006. Findings presented will include information on the following outcome measures: • Length of hospital stay • Insulin errors • Self efficacy (or confidence) of diabetic patients

• Patient satisfaction with diabetes service

Recommended reading:
Audit Commission (2000), Testing Times: A review of diabetes services in England and Wales. London: Audit Commission

Davies M, Dixon S, Currie CJ, Davies RE, Peters JR (2001). Evaluation of a diabetes specialist nurse service: A randomised controlled trial. Diabetic Medicine 18 301-307

Hiscock J, Legard R, Snape D (2001). Listening to diabetes service users: qualitative findings for the Diabetes national Service Framework IN. Hughes E (2002) NSF Standards: not a must see. Will sequel be worth the wait? Diabetes and Primary Care Vol. 3(4

Source of Funding
£25, 000 over 2years, £20, 000 over 7 months

9.2.2

Constraints on Care: Findings from an ethnographic study of nurses' role in patients' nutritional care

Cherill Scott, Senior Research Fellow, Headquarters, London, RCN Institute, London, United Kingdom

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Co author: Jan Savage

Abstract:
This paper describes a study designed to evaluate the contribution of nurses to the nutritional care of hospital patients. The study was funded by NHS Estates.

Background:
By the 1990s, nurses' traditional involvement in, and influence over, the nutritional care of hospital patients had been marginalised. Recent government initiatives have restored nutrition to the national health care agenda, and re-stated the potential of nurses to improve this aspect of care (DH 2000; 2001; 2003).

Aims:
To understand the whole system for meeting patients' nutritional needs within one inner-city hospital trust, and to explore how nurses' contribution was either supported or hindered by the wider organisational context. The focus of the research was on basic nutritional care, and did not include enteral or parenteral procedures.

Methods:
Fieldwork was undertaken over five months on a general medical ward, using 'team ethnography'. Data were collected by two researchers: this involved observations of care (40 hours in all); 30 interviews with key staff and patients; and analysis of documentation.

Results:
The data provided rich information about the whole system for food provision and (at ward level) about the behaviour, attitudes and experiences of staff and patients in relation to nutritional care.

Discussion:
Despite nurses' stated beliefs in the importance of nutritional care, it was clear that their contribution was limited by: - lack of time (partly attributable to the impact of national performance targets) - confusion over nurses' roles and responsibilities - restrictive health & safety regulations - poor organisational systems and support.

Conclusions:
Nurses have the opportunity to make a significant contribution to the improvement of nutritional care and patients' experience of hospital mealtimes. The

study findings suggest this requires: - improved assessment and recording of nutritional status by nurses - focused organisational strategies - leadership from senior nurses - rethinking of performance targets.

Recommended reading:

Department of Health (2000) The NHS Plan: A Plan for Investment, a Plan for Reform. Cm 4818-1. London: Her Majesty's Stationery Office.

Department of Health (2001) The Essence of Care: patient-focused benchmarking for health care practitioners. London, Department of Health

Department of Health (2003) Modern matrons – Improving the patient experience. London, Department of Health

Source of Funding
NHS Estates

9.2.3

Role of the clinical nurse specialist in Ireland

Sheelagh Wickham, Assistant Head of School/ Post Graduate Convenor, School of Nursing, Dublin City University, Dublin 9, Ireland

Abstract:
The National Council for the Development of Nursing and Midwifery in Ireland (NCNM), in 2001, gave a clear definition for the clinical nurse specialist (CNS), highlighting roles, e.g. clinical, educational, consultant, research, etc. that are an integral part of the work of the specialist nurse (National Council 2001). The definition is supported by the literature which outlines similar roles (Castledine 1998, Hurlimannet al 2001). The NCNM also outlined criteria necessary for nurses to be recognized as clinical nurse specialists. Since then more that fifteen hundred registered nurses have been recognized as CNS's in Ireland.

This study, explores the roles of some of these clinical nurse specialists. Using a valid and reliable questionnaire the study investigated the roles of clinical nurse specialists, particularly focusing on the roles highlighted by the NCNM in their definition. Personal characteristics, attributes and skills were explored. Factors which aided or impeded the development of the clinical nurse specialist's role are also noted. A 56% response rate was obtained. CNS's were active in many of the defined roles such as education, collaboration etc but areas such as research and management did not score highly.

The attributes required for nurses working at specialist level, e.g. competence, negotiation, etc are highlighted. Among the factors considered most beneficial to role development of the clinical nurse specialist role was support from colleagues while the greatest barrier appeared to be lack of understanding of the specialist nurse role, particularly by nursing/line management. This study sheds some light on the active role of the CNS but it is limited in size. The lack of focus by clinical nurse specialists on management and more particularly research merits further study. A research project exploring the roles of the CNS in Ireland in more depth is planned. This and further information gathered from research in this area can contribute to the continuing development of nurses working at specialist levels both in Ireland and further a field.

Recommended reading:

Castledine G McGee P, (1998) Advanced and Specialist Nursing Practice. Blackwell Science Ltd, Oxford

Hurlimann, B. Hofer, S. & Hirter, K. (2001) The role of the clinical nurse specialist. International Nursing Review, 48 pp.56-64.

National Council for the Professional Development of Nursing and Midwifery. Newsletter Issue 2, Summer 2001

Source of Funding
None

9.3.1

Rules and resources: A structuration approach to understanding the coordination of children's inpatient health care

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Abstract:
Care coordination is widely recommended as a means by which providers of health care can meet demands for efficiency and effectiveness and yet failures in coordination continue to frustrate patients and staff and to feed the media. Existing work on care coordination is typified by 'black-box' type studies, which measureinputs to, and outcomes of, care coordination roles and practices, without addressing the process of coordination. This presentation describes an in-depth ethnomethodological doctoral study that explored the process of care coordination in the context of children's inpatient health care to find out what goes on 'inside the box' of day-to-day care coordination and to look for reasons why it continues to present such a challenge. Using questionnaires, interviews and observation to collect data in multiple sites in the UK and Denmark, the study gathered the perceptions of staff and compared these with observed practice. Giddens' structuration theory was drawn on to provide an analytical and explanatory framework. Major findings were that care coordination is a complex phenomenon involving many staff who perceive a lack of clarity about who should perform specific coordination activities. Staff draw upon a wide range of different material and non-material resources in coordinating care, the use of which is governed by largely tacit and informal rules. Diversity and inconsistency are features of current practice. Care coordination can be usefully conceptualised as a structurated process – one that is continually produced and reproduced by staff using rules and resources to 'instantiate' or bring about care coordination through action. The negative implications of this are manifested in diversity and inconsistency in care coordination practice. However, positive aspects such as the opportunity this provides to tailor care to the needs of the individual patient can be realised.

Recommended reading:

Bridges, J., Meyer, J., Glynn, M., Bentley, J., & Reeves, S. (2003). Interprofessional care co-ordinators: the benefits and tensions associated with a new role in UK acute health care. International Journal of Nursing Studies, 40, 599-607

Snelgrove, S., & Hughes, D. (2000). Interprofessional relations between doctors and nurses: perspectives from South Wales. Journal of Advanced Nursing, 31 (3) 661-667

Giddens, A. (1984). The Constitution of Society. Cambridge, UK: Polity Press.

Source of Funding
none

9.3.2

Mothering and othering: Immigrant women and pediatric hospitalization

Catherine Hardie, Senior Lecturer, Faculty of Nursing, University of Toronto, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

Abstract:
This study examines how experiences within a pediatric inpatient setting are structured by a dynamic interplay between intersecting identities (of immigrant, mother and member of a ethnoracial minority) and the socio-political content of this public space. Nineteen women of colour were interviewed at two intervals during their child's hospitalization. Interpreters were employed for five of the mothers who were non-English speaking. Two techniques utilizing still photography augmented data collection. Analyses of findings in this qualitative research were guided by critical feminist theory and the anti-racist writings of Philomena Essed (1991).

The three processes characterizing racist practice - marginalization, problemitization and containment- served as the framework for interpretation of data. The women's narratives were analyzed to determine to what extent expectations of conformity to the medical model and dominant group values, unconscious and taken-for-granted assumptions of the superiority of Western hospital/medical care, the impact of liberal feminism on the social construction of motherhood, and the denigration of "different" health care practices shaped the mothers's experiences. Incidents which suggest discrimination were described by the mothers but these were subtle, vague and challenged efforts to distinctly define. The study mothers, as a group, denied that any of their ascribed identities influenced interactions or care in the hospital. How the notion of "invisible power" and the outsider dilemma in research impacted on research findings is considered.

Findings from this study also suggest that "normal" maternal stresses, identified with pediatric illness and treatment, are aggravated by the vulnerable and marginalized location of the study mothers. A major finding was the degree of strain experienced by the mothers as a result of language discordance and the difficulties disentangling discrimination arising from limited English proficiency. Numerous issues related to ESL status of patients and families, including the need for more accurate language skill assessment and the use of trained medical interpreters in clinical situations and in research, suggest rich areas for further investigation.

Recommended reading:

Essed,P. (1991) Understanding everyday racism: An Interdisciplinary Theory. Newbury: Sage Publications.

Source of Funding
none

9.3.3

Psychological interventions for children with asthma: A systematic review

Janelle Yorke, Lecturer /Researcher, Nursing & Quailty, Royal Brompton & Harefield NHS Trust, London, United Kingdom

Co author: Sharon Fleming; Dr Caroline Shuldham

Abstract:

Background:

The prevalence of asthma in children has been increasing worldwide over the past 2 decades (Woolcock et al, 1997). Asthma is associated with frequent exacerbations, during which symptoms become more severe and distressing, and can be precipitated, by a number of chemical, physical, and psychological factors (Roberts et al 2004). Psychological factors may influence the symptoms and management of asthma in children in many ways.

Aim:

To conduct a systematic review and a meta-analysis of randomized controlled trials (RCT), where the efficacy of psychological interventions in modifying health and behavioral outcomes in children with asthma were investigated.

Methodology:

A Cochrane review of RCTs was designed. The outcome measures were healthcare utilisation, lung function, asthma symptoms, and psychological health status. The Cochrane Airways Group specialized register and PsychINFO were searched with pre-defined terms until April 2005.

Results:

Twelve studies, involving 588 children, were included in the review, however study quality was poor, and sample sizes were frequently small. A meta-analysis was performed on only two studies, examining the effects of relaxation therapy on PEFR which favored the treatment group (SD 0.82, CI 0.41 to 1.24). No other meta-analysis could be performed.

Conclusions:

This review was unable to draw firm conclusions for the role of psychological interventions for children with asthma. The absence of an adequate evidence base is demonstrated, highlighting the need for well-conducted randomized controlled trials.

Discussion:

The collective analysis of psychological interventions for children with asthma was difficult to assess due to the diversity of interventions used, the variety of outcomes measured, and insufficient reporting of data in many of the published trials. This paper will discuss the design and results of the systematic review and highlight the methodological issues that limited the collective analysis of data.

Recommended reading:

Woolcock AJ, Peat JK. Evidence for the increase in asthma worldwide. Ciba Found Symp 1997; 206: 122-134.

Roberts J, Williams A. Quality of life and asthma control with low-dose inhaled corticosteroids. British Journal of Nurs. 2004; 13: 1124-30.

Yorke J, Fleming S, Shuldham C. Psychological Interventions for children with asthma (Cochrane Review). In: The Cochrane Library, Issue 4, 2005. Chichester, UK: John Wiley & Sons, Ltd.

Source of Funding

Tayside Primary Care Research and Development Network

9.4.1

Neither a nurse nor a patient

Angela Grainger, Assistant Director of Nursing (Nursing Education and Research Lead), Executive Nursing Practice Development Team, King's College Hospital NHS Trust, London, United Kingdom.

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Abstract:

'Not seeming to fit in' is a key concept elicited from the empirical data obtained in this grounded theory study and which comprises my PhD thesis entitled "Fit for Nursing?". In the study I explore the employability of registered general nurses who have a physical impairment in the acute adult sector of the National Health Service. The categories of 'cognitive dissonance' and 'spoiled identity' became apparent during the theoretical sampling phase of the research when non-physically impaired registered general nurses were interviewed and non-participant observation was conducted in the nursing workplace. Further mining of the data allowed the category properties and their dimensions to come to the fore and this paper discusses the reasons why fully active and mobile nurses experience difficulty in accepting physically impaired nurses as professional colleagues. In doing so the paper also highlights the research tactics used in handling a sensitive topic.

Recommended reading:

Glaser, B and Strauss, A (1967) The discovery of grounded theory: strategies for qualitative research. Chicago, USA. Aldine

Shoemaker, S and Swinburne, R (1984) Personal Identiity. Great Debates in Philosophy series. Oxford, England. Basil Blackwell Ltd.

Baker, M, Fardell, J, and Jones, B (1997) Disability and Rehabilitation. Survey of education needs of health and social service professionals.London, England. Disability and Rehabilitation Open Learning Project.

Source of Funding

None.

9.4.2

Exploring a value-based approach to healthcare: Are nurses coping with work-related stress?

Nirmala Ragbir-Day, Public Health Manager, Health and Performance Improvement, North and East Yorkshire & Northern Lincolnshire SHA, York, United Kingdom.

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Abstract:

Background:

Mental ill-health is a major cause of sickness resulting in absence from work, reduced productivity and staff turnover. Work-related stress is estimated to be the biggest occupational health problem in the UK. In any one year, it accounts for nearly 3 in every 10 employees having a mental health problem and loss of over 91 million working days. The cost is substantial. Stress-related sickness absences estimated at £4 billion annually, 37% of total cost of mental ill-health (£11.8 billion) in lost employment. 'Values in Healthcare: a spiritual approach' (VIH), a UK training programme, aims to tackle issues of stress and low morale among healthcare workers on a personal level, and their consequences at an organisational level.

Objectives:

To test empirically whether the VIH programme, as a cost-effective clinical intervention, generates cost savings enhances work performance and quality of life of healthcare workers thereby improving, in the long term, the quality of care to the patient.

Methodology:

'Before' and 'after' studies carried out on health care workers (n=70 nurses) over 3 years (2003-2005) where the level of stress, productivity and job satisfaction among health care workers were evaluated in hospital settings within the UK. Evaluation questionnaires, focus groups and one-to-one interviews were used. A multiple perspective was adopted: employee and employer. Outcomes are on improved performance among health professionals (reduction in stress; cost savings in terms of productivity gains -reduction of sick leave; Quality of Life).

Findings:

The study shows improved work performance, self worth, and job satisfaction among healthcare workers in delivering efficient health services thereby improving the quality of care to the patient. There is a strong indication that the VIH programme as a clinical intervention is cost-effective in terms of cost savings to the employer and improved quality of life to the employees.

Recommended reading:

Weinberg, A. & Creed, F. Stress and Psychiatric Disorder in Healthcare Professionals and Hospital Staff. The Lancet, 355 February 12th, 2000

Foxall, M.J., Zimmerman, L., Standley, R. & Bene-Captain, B. (1990). A comparison of frequency and sources of nursing job stress perceived by intensive care, hospice and medical surgical nurses. Journal of Advanced Nursing 15, 577-584

Values in Healthcare: A Spiritual Approach, Janki Foundation for Global Healthcare, 2003

Source of Funding

None

9.4.3

Understanding healthcare worker uptake of influenza vaccination: A survey

Claire Chalmers, Lecturer, School of Health, Bell College, Hamilton, United Kingdom.

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Abstract:

Background:

The most important control measure for the prevention of influenza is annual vaccination with influenza vaccine (CDC 2004). In healthcare workers, it offers not only personal health benefits, but also benefits to patients within their care, the population as a whole, and the NHS (UVIG 2002). Despite these many benefits, national uptake of influenza vaccination by healthcare workers in Scotland has, on the whole, been low since its recommended use for health and social care staff directly involved in patient care in 2000/1. The trend in NHS Lanarkshire has been similar to that seen nationally. Given the importance of influenza vaccination as a public health measure, and amidst increasing concerns over the likelihood of an influenza pandemic, there was a need to better understand the low uptake of the vaccine by healthcare workers in NHS Lanarkshire.

Aim:
The study aimed to explore factors influencing influenza vaccination uptake in healthcare workers, by investigating knowledge, attitudes and behaviour of qualified nursing staff directly involved in patient care in NHS Lanarkshire.

Method:
A full population cross-sectional descriptive survey was undertaken, using a semi-structured postal questionnaire. The target population numbered 1042.

Results/Discussion:
Differences in knowledge, attitudes and behaviours towards influenza vaccination were found across the targeted population, particularly when considering respondents by vaccination history. The study identified many reasons why healthcare workers decide to receive influenza vaccination or not, and showed vaccinated healthcare workers to have a more positive attitude towards influenza vaccination and its effectiveness. Both these findings reflect that of previous research (O'Rorke et al 2003).

Conclusion:
This research has served to better understand healthcare workers' knowledge, attitudes and behaviour towards influenza vaccination. Such findings have the potential to inform and enhance the design and implementation of future influenza vaccination campaigns.

Recommended reading:
CDC (2004) Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunisation Practices, MMWR, April 30, 53, 1-40

O'Rorke C; Bourke W; Bedford D; Howell F (2003) Uptake of influenza vaccine by healthcare workers in an acute hospital in Ireland, Irish Medical Journal, July-Aug, 96, 7, 207-209

UVIG (2002) Memorandum by the UK Vaccine Industry Group, Oct, London, The Stationery Office

Source of Funding
None

9.5.1

The prevalence of enduring postnatal perineal morbidity and its relationship to perineal trauma: A retrospective community cross-sectional survey

Amanda Williams, Midwife, Obstetrics and Gynaecology, Heart of England NHS Foundation Trust, Birmingham, United Kingdom

Co authors: Sandy Herron-Marx; Carolyn Hicks

Abstract:
Background:
It is well documented that women endure postnatal perineal morbidity following childbirth (e.g. incontinence, pain and sexual morbidity) (Glazener et al, 1993, MacArthur et al, 1991 and Brown and Lumley, 2000). To date, there is very little research comparing morbidity across all grades of perineal tears and intact perineum and there is an assumption within service provision that women with the most severe of tears (third and forth-degree tears) only are at risk of postnatal morbidity with no service provision for women with less severe tears or intact perineum.

Aims:
The aim of the study was to identify the prevalence of women with enduring postnatal perineal morbidity and its relationship to the different types and grades of perineal trauma and intact perineum. This study will help to establish the extent and risks of enduring perineal morbidity in order for more evidence-based postnatal service provision.

Methods:
A retrospective cross-sectional community survey of 2100 women (using a total population sampling strategy) at twelve-months postnatal was conducted within two maternity units in Birmingham.

Results and Discussion:
A response rate of 23.3% was achieved (n=482). Overall, a high level of enduring perineal morbidity was reported (53.8% stress urinary incontinence, 9.9% faecal incontinence, 54.5% with sexual morbidity). Women with perineal trauma reported significantly more morbidity (sexual morbidity, dyspareunia, stress and urge urinary incontinence) than women with an intact perineum and also resumed sexual intercourse sooner. Women with a first or second-degree tear reported significantly more perineal morbidity (stress incontinence, sexual morbidity) than women with an intact perineum and resumed sexual intercourse later. However, a high percentage of women with an intact perineum also reported morbidity highlighting that this morbidity is multi-factorial.

Conclusion:
Findings from this study concluded that enduring postnatal perineal morbidity is common in women with all types and grades of perineal trauma and intact perineum following childbirth. This highlights the need for further debate and research into the prevalence and experience of postnatal morbidity.

Recommended reading:
Brown, S and Lumley, J. (2000) Physical Health Problems after Childbirth and maternal depression at six to seven months postpartum. British Journal of Obstetrics and Gynaecology. Vol.107 P1194-1201.

Glazener, C; Abdalla, M; Russell, I and Templeton, A. (1993) Postnatal Care:a survey of patient's experiences. British Journal of Midwifery. Vol. 1 (2) P67-74.

MacArthur, C; Lewis, M and Knox, E, G. (1991) Health After Childbirth. London, HMSO.

Source of Funding
Funds of £15,000 were obtained from the Local Research and Development FRESH funding after internal and external review.

9.5.2

Making the diagnosis of labour: Midwives' diagnostic judgement and management decisions

Helen Cheyne, Research Fellow, Nursing Midwifery and Allied Health Professions Research Unit, University of Stirling, Stirling, United Kingdom.

Email: h.l.cheyne@stir.ac.uk

Co authors: Dawn Dowding; Vanora Hundley

Abstract:
Background:
Diagnosis of active labour is often problematic; up to 30% of women admitted to UK labour wards are not in labour (Ball & Washbrook, 1996) Women admitted in early labour are more likely to experience medical intervention (Holmes et al, 2001) but despite the impact of misdiagnosis, there is little research on midwives decision-making regarding the diagnosis of labour.

Aim:
To examine midwives' perceptions of the way in which they diagnose labour.

Methods:
In this qualitative study, employing focus group methods, a convenience sample of midwives from a maternity unit in the North of England attended one of two focus groups. Participants discussed their experience of admitting women in labour. Groups were tape-recorded, transcribed, and data analysed using latent content analysis

Findings:
Thirteen midwives participated overall. They described using information cues which could be separated into two categories: those arising from the woman (e.g. Physical signs, Distress and coping) and those from the institution (e.g. Organisational factors, Justifying actions). The diagnostic judgement (whether the woman was in active labour) was based on physical signs, while the management decision (whether or not to admit) was made by considering the diagnostic judgement and cues such as how the woman was coping, expectations of her family, and requirements of the institution. Midwives experienced difficulty negotiating between competing cues; e.g. a woman who was too distressed to be discharged but who was not in labour.

Discussion:
A model of decision-making is suggested which distinguishes between diagnostic judgement and management decision. This might assist in understanding why a superficially straightforward process is problematic in practice possibly facilitating the targeting of interventions to improve the quality of decision-making. Inappropriate admissions to labour wards could be reduced by supporting midwives to negotiate complex management hurdles which accompany the diagnosis of labour (Cheyne et al, In Press).

Recommended reading:
Ball, J.A. & Washbrook, M. (1996) Birthrate Plus: A framework for workforce planning and decision making for midwifery services. Books for Midwives Press, London.

Holmes, P., Oppenheimer, L.W.& Wen, S.W. (2001) The relationship between cervical dilatation at initial presentation in labour and subsequent intervention. British Journal of Obstetrics and Gynaecology, 108, 1120-1124.

Cheyne, H. Dowding, D., & Hundley, V. Making the diagnosis of Labour: midwives' diagnostic judgement and management decisions. Journal of Advanced Nursing (in press)

Source of Funding
Scottish Executive Chief Scientist Office

9.5.3

Negotiating the 'what could go wrong world': Reconceptualising early miscarriage as transition

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Co authors: Joy Merrell

Abstract:

Focus of Abstract:
This paper will critique existing assumptions that early miscarriage (before 16 weeks gestation) should always be considered as bereavement and

will offer an alternative reconceptualisation of early miscarriage as transition.

Background:
A key assumption made in the literature concerning miscarriage generally and early miscarriage in particular is that women who have miscarried are bereaved and are therefore grieving for the loss of their baby. This gives rise to expectations that health professionals including nurses should provide individualised, bereavement care to these women. However, there is some evidence that these expectations are not met particularly in hospital settings.

Aim:
To explore the management and care of women having an early miscarriage within a hospital setting. Methods An ethnographic approach was taken consisting of 20 months participant observation in a United Kingdom hospital gynaecological unit and in-depth interviews with a purposive sample of 8 women experiencing early miscarriage and 16 health professionals (10 nurses, 3 doctors and 3 ultrasonographers).

Results:
The current conceptualisation of early miscarriage as always being characterised as bereavement is inappropriate and is not shared by all practitioners and women themselves. It will be argued that it is more appropriate to consider early miscarriage as a significant life event, which initiates a period of transition. Discussion Drawing on the data and three main theoretical sources, from anthropology (van Gennep 1960), occupational psychology (Williams 1999) and nursing (Meleis et al 2000) early miscarriage as transition will be discussed and the implications for nursing practice identified. Conclusion Reconceptualising early miscarriage as transition accommodates the range of possible feelings ranging from grief to relief that women may experience. This will allow health professionals particularly nurses to respond to women's needs and offer appropriate interventions.

Recommended reading:
Meleis AI, Sawyer LM, Eun Ok I, Hilfinger-Messias DK, Schumacher K (2000) Experiencing transitions: An emerging middle-range theory. Advances in Nursing Science. 23(1): 12-28.

van Gennep A (1960) The Rites of Passage. Routledge and Kegan Paul. London.

Williams D (1999) Human response to change. Futures. 31(6): 609-616.

Source of Funding
None

9.6.1

Drug errors and incident reporting in a British acute hospitals trust

Gerry Armitage, Senior University Teacher/ Lecturer, Nursing, University of Bradford, Bradford, United Kingdom

Email: g.r.armitage@bradford.ac.uk

Abstract:
Background:
Drug errors and adverse drug events are a source of concern to patients, practitioners, and national safety agencies (Department of Health, 2004). The value of incident reporting data has been questioned in the patient safety literature, be it for research purposes or as a means of assisting health care organisations to improve the service (Wald & Shojania, 2003).

Aim:
To examine the contributory factors in drug errors, and how these are reported in an acute hospitals trust.

Methods:
A 50% random sample of archived incident reports concerning all drug-related incidents between 1999 and 2003 (n=1253) was analysed. Error type and contributory factors were identified where possible, using an established taxonomy (National Coordinating Council for Medication Errors & Prevention, 1998). Status of the protagonist and reporter were identified and quantified. The free text was subjected to a specific content analysis, which contributed to a subsequent qualitative interview schedule.

Results:
In 1000 incidents the most common error type was wrong dose (21%). However, only 732 drug incidents allowed a contributory factor(s) to be identified, the leading contributory factor was written miscommunication (15.8%), followed by communication systems (12.9%). There was a considerable variance in percentage reporting rates for different professional groups: doctors 7.7%, and nurses 87.7%. Numbers of submitted reports differed according to clinical locations. Textual analysis showed notable differences in the style of incident management and that nurses were more likely to be 'counselled' than other professionals. Descriptions of circumstances and causation varied considerably; it was not uncommon to find a focus on individual's deficiencies rather than systems.

Discussion/Conclusions:
How practitioners interpret the process of drug incident reporting warrants discussion. There are implications for those who design and manage reporting systems. Understanding error theory can increase staff competence in incident reporting. Some of the findings reflect the data trends from the British National Reporting and Learning System (NPSA).

Recommended reading:
Department of Health (2004) Building a Safer NHS: Improving Medication Safety. HMSO, London.

National Co-ordinating Council for Medication Errors & Prevention (1998) Taxonomy of Medication Errors. NCCMERP, Rockville, Maryland US.

Wald H & Shojania KG (2003) Incident Reporting. In Building Foundations: Reducing Risk. Agency for Health care and Research Quality: Interim Report. USA.

Source of Funding
Department of Health

9.6.2

Helping the medicine go down: Intentional & unintentional non-adherence to medications in patients with hypertension

Elaine Lehane, College Lecturer, School of Nursing and Midwifery, University College Cork, Cork, Ireland

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Abstract:
Background:
Non-adherence to medications, particularly in patients diagnosed with chronic disorders, is a significant health-care issue, as the most well established therapeutic regimens are worthless if a patient chooses not to adhere (Kygnas et al 2000). Despite considerable research over the past five decades into the causes and factors associated with non-adherence, little progress has been made in solving this healthcare problem. This lack of progress can be attributed to the fact that past research has concentrated solely upon either the unintentional (e.g. forgetting) or intentional (an active reasoned decision) aspects of non-adherence, instead of addressing both of these facets simultaneously (Johnson 1999; Horne 2001).

Aim:
To describe the unintentional and intentional aspects of non-adherence in patients diagnosed with hypertension. A secondary aim was to examine whether relationships exist between medication adherence and the independent variables of purposeful actions (intentional), patterned behaviours (unintentional) and demographic questionnaire variables. Methods:A quantitative, descriptive, correlation research design was employed and Johnson's (2001) Medication Adherence Model was used as a theoretical framework. A convenience sample of 73 participants with hypertension, attending the outpatients' clinics of two university hospitals, was recruited. Data were collected by means of a researcher administered questionnaire during clinic visits and analysed using SPSS.

Results:
The majority of sample had high levels of medication adherence with a mean adherence score of 4.75 (maximum 5). Respondents reported low and medium levels of purposeful actions and medium and high levels of patterned behaviours towards medication taking. Correlational analyses between the dependent and independent study variables did not demonstrate statistically significant associations.

Conclusions:
The findings indicate that both the intentional and unintentional dimensions of medication-taking are considered by patients to varying levels, when adhering to therapeutic regimens. This is an important research area as it facilitates an increased understanding of non-adherence, and in so doing, aids healthcare professionals to uncover more effective interventions aimed at sustaining lifelong pharmacotherapy.

Recommended reading:
Horne, R. & Weinman, J. (1998). Patient's beliefs about prescribed medications and their role in adherence to treatment in chronic physical illness. Journal of Psychosomatic Research, 47(6), 555-567.

Johnson, M.J. (2002). The Medication Model: A guide for assessing medication taking. Research and theory for nursing practice: An International Journal, 16(3), 179-192.

Wroe, A. (2001). Intentional and Unintentional Nonadherence: A study of decision making. Journal of Behavioural Medicine, 25(4), 355-372.

Source of Funding
None

9.6.3

Safety in numbers: The role of an authentic world learning environment and authentic diagnostic assessment in developing & assessing medication dosage calculation skills

Keith Weeks, Principal Lecturer: Biological Sciences Applied to Nursing, School of Care Sciences, University of Glamorgan, Pontypridd, United Kingdom

Co authors: Norman Woolley; George McWhirter

Abstract:
Nurses were first reported as having difficulty with math calculation over 65 years ago (Faddis 1939). Evidence from international nursing literature and the DOH (2004) indicates that medication dosage calculation errors continue to be widely committed by health care professionals. This paper summarizes: the background to the problem, the classification of three dosage calculation error types, and the results of previous and ongoing international research focused on the employment of Authentic World learning environments in addressing the problem (Weeks et al 2000, Weeks 2001, Weeks et al 2001). Evidence is provided of the relationship between errors and curricula which divorce theory from authentic dosage calculation problem-solving activities.

We describe how proceduralisation of dosage calculation in clinical practice commonly obscures expert problem-solving techniques from the student, and how these education and clinical practices manifest a distinct theory-practice divide. We illustrate how constructivist theories of learning underpinned the design and development of a computer based Authentic World learning environment; and how learning occurs through:

- Modelling of authentic features of medication dosage problems.
- Promoting understanding of expert problem-solving processes via computer modelling of the relationship between dosage problems and relevant formulae and equations.
- Authentic diagnostic assessment of student understanding of dosage and computation problems.

Evidence is provided of how a prototype of the current program was designed and employed in a Ph.D. action research project. Methodological issues focus on the design of a college based cross-over experiment and clinical observation and assessment programme. Results highlight a highly significant difference($p \leq 0.014$) in nursing student ($n = 44$) dosage calculation performance following exposure to an Authentic World environment versus traditional didactic teaching methods. Following a call for a national strategy to address the problem (Sabin, 2001); we conclude that our ongoing international research and development work provides the infrastructure for an international learning, teaching and assessment programme within this domain.

Recommended reading:

Weeks K.W., Lyne P. & Torrance C. (2000) Written drug dosage errors made by students: the threat to clinical effectiveness and the need for a new approach. Clinical Effectiveness in Nursing 4, 20-29

Weeks K.W., Lyne P., Mosely L. & Torrance C. (2001) The strive for clinical effectiveness in medication dosage calculation problem solving skills: the role of constructivist theory in the design of a computer-based 'authentic world' learning environment.

Sabin (2001) Competence in Practice Based Calculation: Issues for Nursing Education: A critical review of the literature. London LTSN

Source of Funding
University of Glamorgan

9.7.1

Using the patchwork text as a vehicle for promoting interprofessional health and social care collaboration in higher education

Jayne Crow, Senior Lecturer, Anglia Institute of Health and Social Care, Anglia Ruskin University, Chelmsford, United Kingdom

Co authors: Shirley Jones; Lesley Smith

Abstract:
Background:
The promotion of effective interprofessional collaboration is very high on the UK government's agenda for reform and modernisation of the Health and Social Care Services. As lecturers in Higher Education we are concerned with developing meaningful learning experiences that facilitate collaboration in practice. To this end we introduced the Patchwork Text as an innovative form of teaching, learning and assessment and undertook an exploratory study to examine the student experience of the process on a collaboration module. In this presentation we will explain the Patchwork Text process and report the findings of the study.

Aim:
To explore the potential of the Patchwork Text to facilitate interprofessional collaboration for health and social care students.

Method:
As part of an ongoing Action Research project data was collected from a cohort of students undertaking a collaboration module. The whole cohort of 18 post-qualified health and social care professionals including nurses, health visitors, social workers, and voluntary workers, were invited to participate in the study. On completion of the module data was collected from a volunteer sample of 12 using an anonymous open-ended questionnaire. In addition 9 students participated in a focus group discussion facilitated by a member of the research team unknown to the students. The qualitative data from the questionnaire and focus group were combined and subjected to thematic content analysis. This was undertaken independently by the three researchers and then triangulated.

Results and Discussion:
The findings showed that the iterative process of the Patchwork Text enabled students to develop and express the characteristics that are essential to collaborative working. The attributes and characteristics identified within the literature as facilitating collaboration were also the defining characteristics of the Patchwork Text process.

Conclusion:
The Patchwork Text process acted as a powerful vehicle for the learning and practice of interprofessional collaboration.

Recommended reading:

Crow, J., Smith, L. andJones, S.(2005) Using the Patchwork Text as a vehicle for promoting interprofessionl health and social care collaboration in Higher Education. Learning in Health and Social Care. 4.3.117-128

Winter, R. (2003) Contextualising the Patchwork Text: addressing problems of coursework assessment in higher education. The Patchwork Text: A Radical Re-assessment of coursework assignments. A Special Issue of Innovations in Education and Teaching Interna

Source of Funding
none

9.7.2

An evaluation of a multidisciplinary national education programme to promote good practice amongst health care workers in preventing healthcare acquired infections

Colin Macduff, Research Fellow, CeNPRaD, School of Nursing, The Robert Gordon University, Aberdeen, United Kingdom

Co authors: Bernice West; Maureen McBain

Abstract:
Background:
In the UK Healthcare Acquired Infections (HAIs) affect one in 10 NHS patients each year (Chief Medical Officer 2003). Prevention of HAIs is now recognised as one of the biggest challenges facing health services and has become a policy priority for Chief Nursing Officers within the UK. Although this has led to a range of educational initiatives during the past four years, there has been little systematic evaluation of such activity. This paper will report findings from a research evaluation of a major multidisciplinary programme that is ongoing in Scotland. The NHS Education for Scotland (NES) Cleanliness Champion Programme (CCP) was launched in 2003 to equip health care staff with the skills and knowledge they need to ensure good practice in preventing HAIs. This programme comprises 11 Learning Units and offers students various options in terms of mode of delivery (e.g. web-based e-learning; CD Rom; paper-based materials). Students receive support in their workplace from an identified mentor. Objectives The research aims to:

- Evaluate the curriculum in terms of its content, format and related processes
- Evaluate the role of NES in developing the programme and supporting its implementation
- Evaluate the experiences of students, mentors and health service managers
- Make informed initial judgement in regard to the programme's fitness for purpose

Methods:
The research comprises: a questionnaire survey of all students and mentors on the programme (target sample of approximately 2,400 health care workers, predominantly nurses); 20 telephone interviews with key service managers and NES personnel involved in implementing the programme; and literature review and examination of documentary evidence relating to the programme.

Findings:
The research is due for completion in November 2005 and findings will definitely be available to disseminate and discuss at conference in March 2006. Discussion will focus on the implications for other national and international HAI initiatives.

Recommended reading:
Chief Medical Officer (2003) Winning Ways. Working together to reduce Healthcare Associated Infection in England. London: Department of Health

NHS Quality Improvement Scotland (2004) Healthcare Acquired Infection (HAI); infection control in NHS Scotland. National progress report. Edinburgh: NHS QIS

Source of Funding
NHS Education for Scotland

9.7.3

The effect of prior higher education experience on students following an interprofessional curriculum

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Co author: Katherine Pollard

Abstract:
Nurse education is affected by widening and increased participation in higher education. Educators attempt to balance the desirability of raising academic standards with the problem of recruiting numbers. Recruitment includes school-leavers and mature students with a wide range of qualifications, including higher education qualifications. Nursing considers moving to become a graduate entry profession (McCarty and Higgins 2003), while questions are raised about the value of a degree in the job market (McIntosh 2002). Curricula offering interprofessional learning opportunities bring together individuals with disparate educational histories, following diploma and degree level programmes and hence provide opportunities to study the effects of prior educational experience on student progress on different professional awards.

The study aim is to review the effect of prior educational experience on student self assessment of communication skills and student attitudes to collaborative learning and working. In one English faculty, two whole cohorts of students on ten professional programmes were recruited to a longitudinal study evaluating an interprofessional curriculum. Data collection involved a questionnaire containing four attitude scales concerning communication and teamworking, interprofessional learning, interprofessional interaction, and respondents' own professional relationships. Students completed questionnaires on entry to the Faculty (n=852, response rate 90.4%), during their second year (n=723, 86.4%) and at qualification (n=581, 76.9%). Responses were compared using non-parametric tests on the basis of demographic data, programme choice and whether students were entering 'new' graduate professions (e.g. physiotherapy) or 'niche' graduate professions (e.g. nursing) (Elias and Purcell 2004). Prior experience of higher education affected students' responses to all scales, from entry-level onwards. Effects differed according to whether students were entering 'new' or 'niche' professions.

The paper presents results which raise questions about the progress of graduates in non-graduate environments and considers the findings in relation to debates about nurse education and educational strategies supporting diverse groups of learners.

Recommended reading:
Elias P., Purcell K. 2004 Is mass higher education working? Evidence from the labour market experiences of recent graduates. National Institute Economic Review 190, 60-74.

McIntosh S. 2002 Further Analysis of the Returns to Academic and Vocational Qualifications. Department for Education and Skills. Research report No 370. Norwich. HMSO

Source of Funding
Avon, Gloucestershire and Wiltshire Workforce Development Confederation

9.8.1

A study of the experience of cachexia in patients with cancer and their significant others

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Co authors: Hugh McKenna; Donna Fitzsimons and Tanya McCance

Abstract:
Background:
Cancer cachexia has received scant research attention (Molassiotis, 2003). It is reported to occur in up to 80% of patients with advanced cancer (Gordon et al, 2005), and is associated with poor quality if life, reduced performance status and shorter survival periods (Argiles et al, 2005). At present there is a dearth of evidence into its nature, impact on patients and effects on their families.

Aim:
The aim of this study is to explore the lived experience of cachexia in patients with cancer and their significant others. Method. Cancer cachexia has been defined within this study as: the involuntary weight loss of more than 10% of pre-morbid body weight within the last six months resulting from tumour induced metabolic alterations. A purposive sample of 15 patients / 12 significant others has been recruited from a large teaching hospital in Northern Ireland. Each participant has been interviewed once, using an unstructured interview about their / their significant other's experience of cancer cachexia. All interviews have been digitally recorded and transcribed verbatim for the purposes of analysis. Data analysis using an interpretative phenomenological approach is currently underway. All ethical requirements for this study were met prior to the study commencing.

Results:
Preliminary results of the twenty-seven completed interviews generated important themes, which reflect the holistic dimensions of the experience of cancer cachexia. These will be explained in turn with quotations to support the relevance of each theme.

Discussion and Conclusions:
Despite the plethora of studies conducted into the medical management of cancer cachexia, very little work has been undertaken to increase understanding into its impact on patients and their families. This study has the potential to contribute to the present knowledge base that exists in relation to cancer cachexia, thus providing evidence to improve service delivery for this client group.

Recommended reading:
Argiles, J. M., Busquets, S., and Lopez-Soriano, F.J. (2005). "The pivotal role of cytokines in muscle wasting during cancer." The International Journal of Biochemistry and Cell Biology 37: 1609-1619.

Gordon, J. N., Trebble, T.M., Ellis, R.D., Duncan, H.D., Johns, T., and Goggin, P.M. (2005). "Thalidomide in the treatment of cancer cachexia." GUT 54: 540-545.

Molassiotis, A. (2003). "Anorexia and weight loss in long-term survivors of haematological malignancies." Journal of Clinical Nursing 12: 925-927.

Source of Funding
Research and Development Ofiice for the Health and Personal Social Services in Northern Ireland

9.8.2

The prevalence of weight loss and eating related concerns in people with advanced cancer

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Co authors: Jessica Corner; David Wright

Abstract:
Aim:
To present the findings of a survey of the prevalence of weight loss and eating related concern in patients with advanced cancer.

Background:
Weight loss and anorexia are commonly reported symptoms in people with advanced cancer (Poole and Froggatt, 2002). Little is known about patient experience of the symptoms, in particular whether they find them of concern. Methods The survey was part of a mixed methods study exploring the potential for helping patients and their families live with weight loss and change in eating habits. Patients were under the care of two specialist palliative home care teams in the South of England in 2003. Methods included a questionnaire survey of 233 patients with advanced cancer (response rate 85%) and semi-structured interviews with a purposive sample of patients (n=30). Analyses of the survey data were conducted using SPSS (Statistical Package for Social Scientists version 12.0). Interview data were analysed thematically.

Findings:
More than three-quarters of the 199 patients who returned questionnaires reported weight loss (78.8%) and/or to be eating less (75.9%). More than half (55%) reported concern about weight loss and/or eating. Patients were found to report concern about either weight loss and/or eating irrespective of proximity to death, although it appeared that concern was most likely in those who were within 6 months of death. The interview data provide insights into the reasons why the symptoms can be troubling.

Conclusion:
Weight loss and eating related concerns are commonly experienced and previously unresearched problems in people with advanced cancer. Further work is needed to establish if concerns are amenable to interventions that translate into meaningful outcomes for patients and their families.

Recommended reading:
Poole and Froggatt (2002) Loss of weight and loss of appetite in advanced cancer: a problem for

the patient, the carer, or the health professional? Palliative Medicine 16: 499-506

Source of Funding
Macmillan Cancer Relief

9.8.3

Understanding cancer nurses' assessment practice in the outpatient chemotherapy department: Interpreting cues whilst working in the dark

Catherine Wilson, Nurse Researcher, Adult Nursing, City University, London, United Kingdom

Co authors: Rosamund Bryar; Anne Lanceley; Jane Maher

Abstract:

Background:
Recent policy initiatives in cancer care have focused on the need to provide holistic patient care, through improved assessment of need and referral to relevant supportive and palliative care services. Thus, improving the assessment skills of cancer professionals through training and the use of tools is a key priority (NICE 2003). However, cancer nurses' assessment practice remains little understood, since to date, research has focused on its linguistic elements, largely ignoring contextual influences and the patients' contribution. This study aimed to fill these gaps in our knowledge.

Methods:
A realist evaluation was undertaken in two outpatient chemotherapy units in different hospitals. Qualitative methods (non-participant observation, audio-recording, and individual interviews) were used. Patients receiving palliative chemotherapy were recruited; the assessment interaction between the nurse and patient was tape recorded and observed, and afterwards, separate interpretive interviews were conducted to ascertain the participants' perspectives of the encounter. Data was analysed thematically using NVivo software, and the findings explained using social organisation theory.

Findings:
The findings to be presented in this paper relate to one phase of the data collection and will show that assessments were dependent on both nurses' and patients' interpretation of conversational, behavioural, and symptomatic cues. However, patients and nurses were interpreting these cues from different perspectives; these divergent agendas resulted in nurses ignoring or failing to recognise most of the patients' cues. Explanations will be offered for this practice and include: the chemotherapy nurses' training and experience; the demand for efficiency; and the organisation of the service, which resulted in the nurses 'working in the dark'.

Conclusion:
Understanding chemotherapy nurses' assessment practice from a broader perspective than linguistic skills, and which includes the patients' contribution and contextual information, enables practical solutions to be identified to help nurses improve the care given to patients in the outpatient chemotherapy department.

Recommended reading:

National Institute for Clinical Excellence (2003) Guidance for the Configuration of Supportive and Palliative Care Services for Cancer Patients. Dept Health, London

Source of Funding
Dr EJ Maher; North and East Herts NHS Trust. Band Trust/Florence Nightingale Foundation Scholarship

9.9.1

Clinical decision-making in action: The use of CPR in the A&E department

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Abstract:
This presentation addresses methodological issues regarding the use of ethnography within the A&E resuscitation room. This on-going study combined non-participant observation and interviews to explore the behaviour and accounts of medical and nursing staff, regarding the use of cardiopulmonary resuscitation. Ethnography has attributes that are particularly suitable to the research question. The essential task of ethnography is to provide cultural interpretation and access the meanings that guide behaviour (Hammersley et al, 1995). The success of ethnographic inquiry hinges on two factors; the establishment of relationships based on mutual trust between the researcher and staff members and the process of negotiating consent formed the platform for this achievement. Secondly, the integrated use of a rich variety of data sources.

Data were initially obtained during the observation of resuscitation attempts and then key players from these events were selected for interview. These were conducted in a highly interactive style, to ensure a good fit and congruence with the observational data. Gathering observational data in the resuscitation room proved to be exceptionally demanding. However, this paper discusses the benefits of adopting such a method. Firstly, the role of the researcher as an "active participant" is explored. Secondly, the use of reflexivity in which the researcher is part of the social world under study is examined and how knowledge gained from personal experiences and the literature (Timmermans 1998, Seymour 1999) may inform the process. Thirdly, the role of reflection as both a research method and as a tool for staff education is evaluated. Understanding how staff conceptualise "cardiac arrest" and "death" are central for the education of staff.

The reflective approach of this method was crucial to the generation of data but also has significant educational implications.

Recommended reading:

Hammersley M, Atkinson P. (1995). Ethnography: principles in practice. (2nd ed) Routledge.

Seymour J.E. (1999). Revisiting medicalisation and "natural" death. Social Science and Medicine. 49.691-704.

Timmermans S. (1998). Resuscitation technology in the emergency department: towards a dignified death. Sociology of Health and Illness. 20 (2). 144-167.

Source of Funding
None

9.9.2

Abstract withdrawn

9.9.3

Documenting the activities and decision making of registered nurses in an acute Irish health care setting: A pilot study

Sean Duffy, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin, Ireland

Co authors: E. Mc Elwain; P.A Scott; A. Matthews

Abstract:
Nurses form a large part of the health service workforce. There is conflicting evidence in the literature on the proportion of time nurses spend on direct patient care. Magennis, et al (1999) in their study of nurse activity revealed that nurses are spending little of their time on direct patient care activity despite nurses perception that it remains their main role. This is reiterated by Jinks and Hope (2000) who raised concern about the amount of time nurses spend carrying out 'non-clinical' duties. This small pilot study aims to investigate the activities and decision making of registered general nurses in the Irish healthcare setting.

Objectives:
1. To identify the scope of activities that nurses undertake.

2. To ascertain what nurses perceive as their role.

3. To examine nurses interactions with patients and interdisciplinary colleagues.

Two general hospitals linked to Dublin City University are the sites for the study. An acute medical ward and an acute surgical ward are included from each of the hospitals. Five nurses from each ward are observed. The non-participant researcher will observe and record all the activities the nurse carries out within 3 observation periods lasting two hours (6 hours in total). Participants will be interviewed once using a semi-structured topic guide after the observation period is completed. Quantitative data will be analysed using SPSS. The semi structured interviews will be transcribed, coded and analysed using NVIVO.

Greater understanding of the types of tasks/care nurses are involved in will ensure the following: Managers will be able to make informed decisions regarding nurse distribution Nurse educators will be able to prepare students for the role of registered nurse. Early indications from this study suggest, that nurses spend a small proportion of their time on "hands on care" with the majority of time being allocated to administrative tasks.

Recommended reading:

Magennis, C., Slevin, E., & Cunningham, J. (1999) Nurses`attitudes to the extension and expansion of their clinical roles. Nursing Standard 13(51), 32-36.

Jinks, A. M., & Hope, P. (2000) What do nurses do? An observational survey of the activities of nurses on surgical and rehabilitation wards. Journal of Nursing management 8, 273-279.

Source of Funding
none

9.10.1

Patient perceptions and experiences of the impact of a pressure ulcer and its treatment on their health and quality of life

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Email: KS25@york.ac.uk

Co authors: Andrea Nelson; Jane Nixon, Gillian Cranny, Cynthia Iglesias, Kim Hawkins, Nicky Cullum, Angela Phillips, David Torgerson, Su Mason on behalf of the Pressure Trial Group

Abstract:

Background:

Pressure ulcers represent a significant health problem (Bennett et al 2004). There is a gap in research exploring patient perceptions and experiences of a pressure ulcer and its treatment on their health and quality of life. This qualitative sub-study, of a multi-centre trial of pressure area care (Nixon et al, in press), explored patients' perceptions and experiences of pressure ulcers and their treatment.

Methods:

Semi-structured interviews were carried out with a purposive sample of 23 patients with a pressure ulcer (5 male, 18 female; aged 33 to 92 years; grade 2 to 4 ulcers at various anatomical sites; varied reasons for hospital admission). Follow-up interviews were arranged with 7 patients at 3 months post-discharge. Data were analysed according to the broad principles and techniques of grounded theory (Glaser & Strauss 1967).

Findings:

Patients indicated that pressure ulcers had a physical, social, emotional and mental impact on their health and quality of life and revealed how the development of an ulcer could be pivotal in their trajectory from illness to full recovery. The patients presented their experiences of developing a pressure ulcer and perceived causes (including 'naivety' and not being able to see the ulcer developing because of its location). Patients described their ulcers in terms of their appearance ('black and nasty'), the pain that they experience ('red hot poker'), and the smell and leakage of fluid from the ulcer. Patients were keen to describe amounts and quality of care, commenting on levels of comfort associated with different dressings and pressure relieving equipment, the timing of interventions and their levels of dependence on others to treat, manage and care for their ulcer.

Discussion and implications:

This study makes a contribution to knowledge about the impacts of pressure ulcers on the patients who experience them. Clearly the impact of pressure ulcers varies depending on context, but these patients' voices provide insights into potential impacts. The findings are of clinical importance for health care professionals providing care to these patients. This study was supported by a grant from the NHS R&D Health Technology Assessment Programme. The views and opinions expressed in the paper do not necessarily reflect those of the funding body.

Recommended reading:

Bennett G, Dealey C, Posnett J (2004) The cost of pressure ulcers in the UK. Age and Ageing, 33(3), 230-235

Nixon J, Nelson EA, Cranny G, Iglesias C, Hawkins K, Cullum N, Phillips A, Spilsbury K, Torgerson D, Mason S, on behalf of the Pressure Trial Group (in press) Pressure Trial: Pressure Relieving Support Surfaces: a randomised evaluation. Health Technology

Glaser BG, Strauss AL (1967) The Discovery of Grounded Theory, Chicago: Aldine

Source of Funding

NHS R&D Health Technology Assessment Programme

9.10.2

Living with pressure ulcers: The results of a phenomenological study to explore the experience of living with a pressure ulcer

Carol Dealey, Senior Research Fellow, Research Development Team, University Hospital Birmingham NHS Trust, Birmingham, United Kingdom.

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Co authors: Alison Hopkins; Tom Defloor; Sue Bale; Fran Worboys

Abstract:

Background:

Little is known of the impact of pressure ulcers on an individual's quality of life. The aim of this study was to test the methodology of a multicentre study to explore the lived experience of older patients with pressure ulcers and to report the findings.

Methods:

A phenomenological approach was taken, using the Heideggarian hermeneutics branch. Patients over the age of 65 years, with a grade 3 or 4 pressure ulcer which had been present more than 1 month, were recruited to the study. Participants were interviewed using multiple data collectors and unstructured interviews. Analysis was undertaken centrally. One study centre was in Belgium, raising the additional issue of translation. Standardised training was given to those undertaking the interviews. Following analysis the emerging themes from each interview were examined with the interviewer and then the group to increase validity. Transcripts that were translated into English were verified by the interviewer for accuracy.

Results:

A total of 8 patients were recruited. The analysis of the transcripts revealed three main themes, each with sub-themes: endless pain; a restricted life; coping with a pressure ulcer; with an undercurrent of powerlessness and a 'never ending story'.

Discussion:

The study methodology was found to be successful, the training was effective and the translation process robust as the analyst was able to see a high level of consistency in the patterns of the interviews and also common themes arose from transcripts across the centres. With regard to the findings, one of the most pertinent and surprising was that the pressure ulcers produced so much pain that this inhibited movement, thus working against the practitioner's instructions to move to relieve pressure.

Conclusion:

The study method was found to be robust trustworthy and suitable for use in a wider European study to confirm the study findings.

Recommended reading:

Langemo DK, Melland H, Hanson D, Olson B, Hunter S (2000) The lived experience of having a pressure ulcer: a qualitative analysis. Advances in Skin & Wound Care, 13 (5) 225-235

Smith JA,, Jarman M, Osborn M (1999) Doing interpretive phenomenological analysis. In: Murray M, Chamberlain K, eds. Qualitative Health Psychology Theories and Methods. Sage, London

Esposito N (2001) From meaning to meaning: the influence of translation techniques on non-English focus group research. Qualitative Health Research, 11 (4) 568-579

Source of Funding

European Pressure Ulcer Advisory Panel

9.10.3

Abstract withdrawn

9.11.1

Evaluation of action learning sets designed to provide professional development opportunities for nurses in general practice

Alison Smith, Principal Lecturer, Centre for Health and Social Care Research, Canterbury Christ Church University College, Canterbury, United Kingdom

Co author: Jane Greaves

Abstract:

Introduction

This paper reports on an ongoing research evaluation of The Professional Development of General Practice Nurses project, which is a pioneering approach to providing education for General Practice nurses. It was set up to help nurses identify their learning and development needs in the light of the demands of the nGMS/PMS contract (DOH 2003, Corbett and Caulfeild- Stoker 2004). The project specifically sought to appeal to nurses working very part-time hours, in isolation often in small practices. A series of six Action Learning Sets were offered to nurses in two teaching PCTs

Method:

The systematic approach was designed to detect the perceptions of participants to the effectiveness, strengths and weaknesses of the learning sets. The following specific data collection techniques were employed:

- Baseline questionnaire at the first learning set which identified participants' aspirations for the sets
- A focus group discussion at the sixth and last session of each of the learning sets
- A questionnaire one month after the completion of each learning set
- A further focus group three months after the completion of each learning set, to explore the longer-term impact of the sets on participants' professional lives.

The Local Research Ethics Committee reviewed and approved the project.

Results and Discussion:

Preliminary findings suggest that participants value the learning sets highly. They have been able to evaluate their own professional progress, their development of leadership and management skills as well as skills of reflective practice. Additionally it appears that participants are developing an increased level of confidence professionally and personally as well as an improved awareness of the opportunities presented to them in the new contract.

Recommended reading:
Corbett K Caulfeild- Stoker D (2004) South West London Practice Nursing Project: Interim Report. Executive Summary. Wandsworth Primary Care Trust.

Department of Health (2003) General Medical Services (GMS) Contract London Department of Health

Source of Funding
Medway and East Kent Coastal Teaching PCTs

9.11.2

Predictors of success for students undertaking a mentorship course

Diane Tofts, Lecturer in Acute Care, Florence Nightingale School of Nursing and Midwifery, King's College London, London, United Kingdom

Co author: Angela Parry

Abstract:
A mixed methods research project (Strauss & Corbin 1998) is currently being undertaken to determine key variables influencing the high failure rate of practitioners undertaking the Mentorship courses at a South London HEI. Effective clinical placement learning is an essential component of pre registration nursing curricula (DoH 1999). Mentors are the key practitioners in providing support and assessment of students to ensure they meet the competency requirements for professional registration (NMC 2004). Analysis of results data from other local research focussing on mentorship students in the 2003/4 academic year (n=630) determined 22.5% of students failed to submit their coursework and an overall course failure rate at first attempt of 50%. The overall failure rate reduced to 25% after further attempts. Further investigation was required to determine if there were key predictive markers for students who non-submit and/or fail coursework. In the current research, multi variable analysis of characteristics from the cohorts of students who had undertaken the course in the academic year 2003/4 (n=630) and the current academic year 2004/5 (n=600) were examined to determine which key variables were common in students' success or failure in the course.

Following on from this the findings from a random sample of both successful and unsuccessful students who were interviewed to elicit other factors, which they feel may have contributed to their course results will be presented. The findings from this research will be used to develop a more robust selection process for students undertaking the course, and also to initiate mechanisms with Trust partners to support students throughout the course. Ultimately this will developing more mentors to support and assess pre registration students throughout their practice placements ensuring they are Fit for Practice.

Recommended reading:
Department of Health (1999) The Peach Report, London, Department of Health

Nursing Midwifery Council (2004) Standards for the Preparation of Mentors and Teachers, London, NMC

Strauss A L & Corbin J (1998) Basics of Qualitative Research, 2nd ed., London, Sage Publications

Source of Funding
None

9.11.3

You're not a nurse then?

Julie Dickinson, Programme Leader, School of Profesional Health Studies, York St John College, York, United Kingdom.

Email: j.dickinson@yorksj.ac.uk

Abstract:
Background:
I aim to present the findings of my research into non-nurse lecturers teaching in nurse education. This is the first stage of my doctoral study which attempts to answer the following questions: Can non-nurse lecturers provide 'added value' to pre and post-qualifying nurse education? How at present is the contribution of non-nurse lecturers defined in both theory and practice? What is their potential role in providing 'added value' to pre and post-qualifying nurse education? The study is supported by the Institute of Learning, University of Hull, and ethical approval has been granted.

Aims: To obtain the number of non-nurses as a proportion of the Higher Education Institutions (HEIs) overall teaching staff. To interview non-nurses to gather information concerning: Themselves Their role Their organisation Their views on the extra they bring to the education and subsequent practice of nurses. Sample/participants: Lecturers who are non-nurses and who contribute substantially to pre and post-qualifying nursing programmes. I have defined a substantial contribution as a lecturer who assesses work and provides academic supervision as well as has a teaching commitment to modules and programmes. Establishing and contacting my participants: All 57 Higher Education Institutions (HEIs) in England who offer Nurse Education were contacted by letter to the Dean or equivalent.

Research Methods:
Descriptive statistics on the number of non-nurses. Interviews with the non-nurse lecturers. The interview schedule consisted of 30 Questions: 28 Largely closed 2 Open. The questions were informed by the literature and my overall research questions.

Results:
The analysis included descriptive statistical methods and a content analysis of the qualitative data.

Discussion/Conclusion:
This section includes reference to relevant literature alongside my findings, and reference to the next stage of my research.

Recommended reading:
Hughes, P. (1991) Who should teach nurses? Nursing Standard Oct 16/Vol 6/ No.4

English National Board ENB) (1987) Employment of non-nurse specialist teachers in Schools of nursing Appendix 2 to circular 1987/20/BF ENB: London

Woodward, R. (1993) Institutional Research and Quality Assurance in Ellis, R. Ed. (1993) Quality Assurance for University Teaching The Society for Research into Higher Education (SRHE) and Open University Press: Buckingham

Source of Funding
None

9.12.1

Grounded theory: Escaping the methodological mire!

Angela Tod, Lecturer, Acute and Critical Care Nursing, Sheffield Teaching Hospitals Trust/ University of Sheffield, Sheffield, United Kingdom.

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Co author: Robin Lewis

Abstract:
Current UK health policy places a demand for research on chronic disease management and patient illness experience. Much of the qualitative nursing research conducted in this area has claimed to use Grounded Theory. This paper examines some of the common problems experienced in using Grounded Theory to examine the chronic illness experience.

The discussion focuses on three areas

i) maintaining rigour and quality in Grounded Theory

ii) the apparent polarisation of the two classical approaches to Grounded Theory of Glaser on the one hand and Strauss and Corbin on the other

iii) the various contradictory approaches to Grounded Theory to be found in published research.

These problems have created methodological barriers that can impede researchers in designing and conducting Grounded Theory studies. The risk is that time is wasted trying to design studies that 'tick all the right boxes' from a purist's Grounded Theory stance, but do not actually work in the real world. The authors argue that Kathy Charmaz's approach to Grounded Theory in chronic illness research provides a 'third way' to look at the problem. Revisiting Charmaz's recommendations can free researchers from the apparently purist and inflexible positions of Glaser, and Strauss and Corbin.

The advantages lie in the social constructionist approach adopted, and the flexibility in the research design and techniques that may be used. Charmaz provides an option that avoids some of the epistemological pitfalls associated with using Grounded Theory. Illustrations of the use of Charmaz's approach to Grounded Theory are provided in relation to two studies, one on diabetes the other on heart disease. In conclusion, the creative, pragmatic interpretation of Grounded Theory developed by Charmaz may be a more appropriate way of researching patient experience in a real world health care context.

Recommended reading:
Charmaz K. (2003) Grounded theory. Objectivist and constructivist methods. In Strategies of qualitative inquiry Denzin NK. Lincoln YS. (Eds) (2nd edition) Thousand Oaks, California. Sage (pp249-291)

Glaser BG (1999) The future of grounded theory Qualitative Health Research 9(6) 836-845

Strauss A. Corbin J. (1990) The basics of qualitative research Newbury Park. Sage.

Source of Funding
none

9.12.2

Debates on the 'grounded theory approach'

Kay de Vries, Research Fellow/Senior Lecturer, European Institute of Health and Medical Sciences, University of Surrey, Guildford, United Kingdom.

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Abstract:
Grounded theory is considered to be a method of theory generation where the theory, or conceptual framework, develops from, and is firmly 'grounded' in empirical data. It has been suggested that the major difference between grounded theory and other qualitative methodologies is this emphasis on theory development, which is the primary aim of the researcher. However, other qualitative research methodologies also aim at generating theory from data, and researchers using other methodologies may refer to using a 'modified' grounded theory or use terms such as the 'constant comparative method', a term that is closely allied to grounded theory methodology. The parting of ways of Strauss and Glaser has contributed to a debate within research methodology literature on the 'purity' of the use of grounded theory methodology and some scholars claim that there are now two different 'methods' of using grounded theory; the Glaserian inductive approach and the Straussian inductive-deductive approach. This stance has led to criticism of some more 'creative' approaches to the use of grounded theory. That is, others have argued that grounded theory is an evolving methodology and refer to 'contemporary' grounded theory approaches and to the diversification that has occurred as the methodology has evolved. This debate has led some qualitative researchers to declare their use of grounded theory with caution.

The question that is addressed in this presentation is what does the term 'grounded theory approach' mean within research methodological language, and how does it fit within the purist view of how grounded theory should be conducted? For example; should a 'pure' grounded theory study use symbolic interactionist theory to underpin the findings; is it methodologically sound to use 'modified' grounded theory; and what is 'contemporary' grounded theory?

Recommended reading:
Glaser B. G. (1992) Basics of Grounded Theory Analysis: Emergence vs Forcing. Sociology Press: Mill Valley, CA.

Charmaz K. (2003) Grounded theory: objectivist and constructivist methods. In Denzin N. K. and Lincoln Y. S. (eds) Strategies of Qualitative Inquiry. (2nd edition) Sage: London. 249-290.

Maijala et al (2003) The use of grounded theory to study interaction. Nurse Researcher 11(2) 40-57

Source of Funding
None

9.12.3

Theory generation in grounded theory: Process and challenges

Moira Attree, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

Abstract:
The paper aims to stimulate critical analyse and debate about the process of and challenges involved in generating substantive theory using Grounded Theory (Glaser & Strauss 1967; Glaser 1992). This paper will critically compare and contrast textual accounts of the process by Glaser & Strauss (1967), Glaser (1992 & 1994) and Strauss & Corbin (1998) with a real world application. The process and challenges will be identified and illustrated with reference to the research experiences and reflexive accounts from a completed Ph.D. study, which adopted a grounded theory approach to study registered nurses perceptions of standards of nursing practice. Textual accounts of theory generation in the classic grounded theory method texts portray the process as straightforward, linear and unproblematic i.e. the theory 'emerges' from the data. In method specific texts the process of theory generation is presented in a highly abstract manner, making it obscure, almost mythical. Novice and inexperienced researchers may gain the impression that if more guidance is required, they are not conceptually or intellectually up to the task. The potential difficulties and challenges involved in theory generation receive scant attention in the methodological literature. Whilst some basic introductory research methods texts do not address theory generation at all. Published papers using grounded theory tend not allocate many words to describing the theory, let alone discussing how it was generated. The journal's word limit and author guidance may however, account for this deficiency. How novice and inexperienced researchers approach the task of generating theory grounded is not known. The utility and effectiveness of computerised qualitative analysis software packages eg NUD*IST and NVivo for building theory will be critically examined. This paper will present proposals on how to approach and overcome these methodological challenges.

Recommended reading:
Glaser B & Strauss A (1967) The Discovery of Grounded Theory. Chicago: Aldine.

Glaser B (1992) Basics of Grounded Theory Analysis. Mill Valley, CA: Sociology Press.

Strauss A & Corbin J (1998) Basics of Qualitative Research: Techniques and Procedures for developing Grounded Theory. Thousand Oaks, CA: Sage

Source of Funding
UKCC Research Scholarship

Wednesday 22 March

11.30 – 13.00

Symposium 1:

Agency and structure in equal opportunities for overseas nurses: Findings from the REOH study

Chair of symposium: Beverley Hunt

Symposium lead: Professor Pam Smith

Helen Allan, Senior Research Fellow, Centre for Research in Nursing and Midwifery Education, University of Surrey, CRNME, University of Surrey, Guildford, United Kingdom

Email: H.Allan@surrey.ac.uk

Co authors: Dr Aggergaard John Larsen, Dr Leroi Henry, Professor Pam Smith & Maureen MacIntosh

Abstract:

Outline:

This symposium will address the international recruitment of overseas nurses and their experiences of equal opportunities and career progression while working in the UK. All of the papers are based on data from the REOH study – Researching Equal Opportunities of Overseas Nurses and Other Health Care Workers. This research project examines overseas trained nurses' and other healthcare professionals' experiences of equal opportunities and their career progression and is supported by the European Social Fund and RCN. How the papers link together: Throughout these papers we seek to understand how discrimination and equal opportunities work at the local level by problematising policy and practice in the workplace . We do this through analysing the juxtaposition of individual experiences and strategies (agency) with conditions for the workforce in the NHS and independent healthcare sectors (structure). The papers presented in this symposium will explore emerging themes from the REOH project which have relevance for how equal opportunities are operationalised in practice by employers in the NHS and the independent healthcare sectors.

In paper 1, we start by exploring how overseas nurses are integrated into and progress through the local British healthcare workforce.

In paper 2 we go on to explore how cultural variation in the meaning of career for the predominantly female workforce of overseas nurses works against their progression in the British workforce.

In paper 3, we discuss the inter-relationships between the global trends of profession, migration and social class. In doing so, we examine how international labour market integration in nursing, in conditions of acute global inequality, is both driving migration and reworking the impact of migration on labour force divisions in Britain.

These ideas are further developed in paper 4, where we explore the interrelationships between histories of colonialism and overseas recruitment and the experiences of and relationships between different ethnic groups within the NHS.

Paper 1:

Fitting in and moving on: cultural habituation and career progression for overseas nurses

John Aggergaard Larsen

This paper addresses overseas nurses' experiences of social pressures on them to 'fit in' not only with British nursing practice but also with cultural modes of behaviour. The paper arises from the REOH Project and is based on in-depth interviews with overseas nurses in three regions in the UK. The nurses described how assimilation to British cultural behaviour, such as understanding English humour and being willing to socialise in the pub, could ease their social interaction and acceptance by their British colleagues. The data indicate that this cultural habituation could have serious implications for the overseas nurses' career progression possibilities, as the most culturally similar colleagues were generally favoured. The paper discusses the implications of this form of social pressure towards cultural assimilation in respect to changes to the individual's sense of self or learning to balance conflicting cultural values.

Paper 2:

Career and gender in the context of overseas trained nurses migrating to the UK: What does a career mean for female nurses migrants in the UK?

Helen Allan

This paper discusses the meaning of 'career' for female overseas nurses working in the UK. The notion of career as a gendered concept is based on assumptions of a dominant work discourse which denies experiences which are different to traditional male experiences. In this paper we argue that female overseas nurses are doubly disadvantaged in relation to their careers on the basis of their gender and also in relation their ethnic and migrant status. Their experiences of managing a career in the gendered British workplace are different to those of British nurses because they do not have the social and community support to manage career progression. They are therefore placed at an increased disadvantage in relation to equal opportunities and career progression.

This paper is based on two sources of data from the REOH project: firstly from overseas nurses and secondly from British managers and mentors of overseas nurses in the NHS and the independent sectors. Data from the overseas nurses suggest that there are several factors which militate against career progression. These stem from their personal circumstances of being a migrating worker, such as their financial motivations to migrate and having responsibilities for families and children. But these factors also stem from the realities of adapting to the British workplace, such as the workload of higher grades, the effects of migration and the frustration of adapting to new working environments. The data from British managers and mentors suggests that the employers have different expectations of overseas nurses in relation to training and CPD than the overseas nurses and that there are problems inherent in the grading structures which block progression to grades above D.

Paper 3:

Remaking the workforce or reproducing disadvantage: nurse migration, gender and class

Pam Smith & Maureen Mackintosh

This paper aims to bring together, and analyse as interacting processes, three major aspects of nurses' working experiences in the UK that tend to be considered in separate intellectual 'boxes'. These are:

- The historical making and re-making of disadvantaged categories of nursing within the profession.
- The making and re-making of low paid segments of health care that builds on these categories to reproduces disadvantage.
- Uneven patterns of international in- and out-migration of trained nurses (post Second World War).

We argue that "modern" nursing has been a frequently disadvantaged and divided profession since its origins in the mid-nineteenth century. We outline the historical context in which current day nursing is located in order to examine how professional divisions have interacted with the fall and rise of nursing migration since the Second World War. The paper culminates in a range of illustrative case studies to demonstrate how these issues interact with each other in producing and reproducing social disadvantage amongst different categories of workers. We conclude that it is important to understand the role of agency in creating an integrated labour market that transcends national and international boundaries while reinforcing disadvantage along class and gender lines.

Paper 4:

Inter ethnic relations in a post colonial occupational hierarchy: Ghanaian trained healthcare professionals in the NHS

Leroi Henry

This paper is based on interviews conducted in the UK with Ghanaian trained healthcare professionals working in the NHS. It explores how they have adapted to working in the NHS with particular reference to some of their relationships with healthcare professionals from other ethnic groups. The paper explores the interrelationships between histories of colonialism and overseas recruitment and the experiences of and relationships between different ethnic groups within the NHS. Rather than regarding the NHS as a homogenous organisation into which overseas staff assimilate, the paper contextualizes its post colonial history and conceptualizes it as a professional and multi-ethnic hierarchy composed of diverse ethnic groups. In this context, I explore one element of the relationships between the multi ethnic workforce the NHS, namely how some ethnic minority staff participate in a process of discrimination and marginalisation of other ethnic minority staff.

Symposium 2:

Developing research in rheumatology nursing: Some examples from the field

Claire Hale, Professor of Clinical Nursing, School of Healthcare Studies, University of Leeds, Leeds, United Kingdom. Email: c.a.hale@leeds.ac.uk

Abstract:

Introduction

In 2003 Hale and Hill carried out a study to locate and classify publications, particularly research publications, produced by nurses working and /or researching in the area of rheumatology (Hale and Hill 2005). The findings of this study demonstrated that in this area, over the past 40 years, publications by nurses, particularly journal articles, have been steadily increasing and in the last 10 years there has been a substantial increase in research and investigative articles.

The study found that research publications in undertaken by nurses working in this area fell into to following categories.

- user perspectives
- evaluation of service developments
- symptoms such as stress and pain
- patient education
- clinical

In this symposium examples of recent and ongoing work in each of these categories will be presented to demonstrate how nurses are developing their own research agenda and research skills in an area where although much research is undertaken, it is mainly medical and focussed on laboratory work and drug trials. Although many nurses contribute to this latter agenda, particularly by managing the drug trials, this symposium demonstrates that nurses are contributing to another research agenda, namely, how patients manage and cope with the problems of long term illness and how nurses can facilitate this.

Paper 1.

Developing a Quality of Life Scale for patients with Systemic Sclerosis using the Rasch Analysis:

Naomi Reay. School of Healthcare Doctoral Student, University of Leeds

This paper will describe the Rasch analysis method which is being using to develop the psychometric properties of a questionnaire to measure the quality of life of patients affected by Systemic Sclerosis, a potentially life threatening rheumatology disease resulting in a wide variety of symptoms that can affect a persons ability to participate in life. Research within Systemic Sclerosis has recently taken on new impetus with the development of new drug therapies and clearly these new treatments need to be evaluated. What has been recognised by those carrying out research is the need for evaluations of therapy and disease that address all aspects of the impact upon the patient, in particular Quality of Life. The questionnaire itself is being developed from information gathered from patients by means of interviews and focus groups with data being processed using Item Response Theory followed by Rasch analysis.

Paper 2.

An Evaluation of Rheumatology Nurse-led Telephone Helplines

Cath Thwaites, Lecturer in Rheumatology Nursing, University of Keele

The second paper looks at the findings from a study carried out to evaluate the effects of nurse led telephone advice lines on nurses. Nurse-led telephone advice lines are becoming established practice in many areas of healthcare and in rheumatology, these services are often provided by Rheumatology Nurse Specialists (RNS). This study was undertaken following a national survey to ascertain current practice and explored RNS's experiences of providing telephone advice. Many perceived it as an important aspect of their role but stated it produced both negative and positive feelings. Supporting patients directly by talking on the telephone and being able to intercept potential problems produced positive feelings of satisfaction. Negative feelings were expressed where there was a high clinical workload, numerous helpline calls to return and time constraints. In this situation RNS expressed feelings of frustration and being 'under pressure'. Issues about the need for formal training to develop skills in this area will be discussed. Research into the symptoms of rheumatic disease.

Paper 3.

Perceptions of fatigue in rheumatoid arthritis: overwhelming, uncontrollable, ignored

Dr Sarah Hewlett arc Reader in Clinical Nursing, University of the West of England, Bristol.

The third paper describes a research study into one of the symptoms that patients with Rheumatoid Arthritis frequently experience; that of fatigue. In a number of recent studies by nurses and other clinicians, patients have raised fatigue as a major symptom to which they attach considerable importance because of its consequences on their lives (Hewlett et al 2005a). This qualitative study explored concepts of fatigue in Rheumatoid Arthritis (RA). (Hewlett et al 2005).

Three major themes emerged:

Fatigue in RA is overwhelming and different to normal (wipeout);

Fatigue permeates every sphere of life (physical activities, emotions, relationships, social life); and

Self-management of fatigue is variable but professional support rare (patients don't know what to do and clinicians are not interested). The study data showed that fatigue is important, intrusive and overwhelming for RA patients. Understanding the complexity of fatigue experiences will help nurses design the interventions and self-management programmes that patients need.

Patient Education

Patient Education is a valuable treatment in the management of many chronic diseases particularly Rheumatoid Arthritis (RA). Although a recent Cochrane review has cast some doubts about the effectiveness of this intervention it takes no account of the appropriateness of interventions at different stages of the patient's adjustment to their RA and a literature review found no tool that could be used for this purpose. To address this need an Arthritis Educational Needs Assessment Tool (ENAT) (Hardware et al 2005) has been developed as a quick and simple method of collecting data that ensures that patient education is relevant, appropriate and timely for the individual that also has the potential for use and a research tool to evaluate educational interventions.

Paper 4

Further developments of an Educational Needs Assessment Tool for patients with rheumatic diseases

Dr Jackie Hill, arc Senior Lecturer in Rheumatolgy Nursing. Co director of the Academic and Clinical Unit for Musculoskeletal Nursing University of Leeds

This fourth paper describes the (ENAT) tool itself which has recently been validated for use with RA patients in the UK and also describes the 2 validation studies that are currently being carried out; one to validate the tool for use in other European countries, the other to validate it for other rheumatology diseases such as ankylosing spondylitis.

Clinical Research

One of the most important observations from the review work of Hale(2005) described above was that although the amount of research that rheumatology nurses were undertaking was increasing, there was still very little 'clinical research' being undertaken.

Paper 5

An assessment of the validity and reliability of assessment tools used to measure foot pressure and foot deformity in patients with RA

Jill Firth, Smith and Nephew Foundation Doctoral Student at the University of Leeds.

The final paper goes some way to redress that balance. It describes a small study that forms part of her PhD work on the prevalence and clinical characteristics of foot ulceration in rheumatoid arthritis (RA). The findings of preliminary work undertaken to devise a data collection tool for the clinical examination of RA patients affected by foot ulceration will be presented. The issues which will be discussed in this presentation relate to the validity and reliability of established assessment tools to measure foot pressure and foot deformity in patients with RA.

Justification

Although separate studies are presented here, taken together, they give an indication of work that is being undertaken to develop the evidence base of nurses working in the field of rheumatology. As nurses undertake more advance roles and increase their level of autonomy, it is important that they have robust evidence upon which to base their decisions. These papers represent some of the work that clinically active nurses are doing to enhance scholarship in their discipline.

Symposium 3:

Continence and skin health: New methods and new thinking

Kathryn Getliffe, Professor of Nursing, School of Nursing and Midwifery, University of Southampton, London, United Kingdom

Co presenters: Dr. Mandy Fader, Reader, University of Southampton; Dr. David Voegeli, Senior Lecturer, University of Southampton, Sinead Clarke-O'Neill PhD student, University College London; Kelly Hislop, PhD student University of Southampton

Abstract:
Urinary and faecal incontinence are associated with dermatitis (Brown, 1994) and pressure ulcers (Spector and Fortinsky, 1998) but the mechanisms are poorly understood. Current nursing practices related to continence care, skin cleansing and protection have a weak foundation in research (Ersser et al, 2005) and much practice is based on beliefs, particularly regarding the use of products such as barrier creams. This symposium brings together recent work comprising the development of new methodologies and measurement techniques to study continence and skin care - the most basic of nursing care activities.

Continence and skin health – how does water damage skin?

Dr. M. Fader Drawing on evidence from baby diaper, pressure ulcer and cosmetic research, this paper will examine the theoretical background to hydration skin damage and will discuss the reliability and validity of current methods of measuring skin health in both laboratory and clinical settings. These will include including measurement of skin pH, erythema, trans-epidermal water loss (TEWL), capacitance and subjective rating.

Does soap, water and towel drying affect skin health?

Dr. D. Voegeli

Aims:
To explore the potential contribution to skin damage caused by standard nursing washing practices.

Methods:
Fifteen healthy volunteers received six different washing / drying techniques to the volar forearm, three on each arm and repeated after two hours. Skin integrity was assessed by measuring TEWL, skin hydration, skin pH and erythema.

Results:
TEWL increased after each type of wash, and increased further following repeated washing. This rise was significant with both soap & water, and water alone combined with towel drying by rubbing (P<0.01)). Drying of the skin by 'patting' with a towel dramatically increased TEWL to give readings identical to those obtained from wet skin. There was a significant increase in skin pH with all techniques, but greater with soap (P<0.01). Skin erythema increased with repeated washing, particularly when soap was used (P<0.01).

Conclusions:
These data suggest that washing with soap, water and towel drying has a significant effect on the skin barrier function. Frequent washing may lead to a disruption in skin barrier function and facilitate skin breakdown.

Continence pad materials: Do they affect skin health by raising interface pressures and / or by increasing friction and shear?

S. Clarke-O'Neill

Aims:
To determine the effects that absorbent pads have, in both dry and wet states, on the pressure-relieving properties of hospital mattresses.

Methods:
An instrumented articulated anthropometric phantom with simulated soft body 'tissues' in the gluteal and sacral areas was used as the 'subject'. A common absorbent pad and pant system was tested in both wet and dry states with three different support surfaces. The pressure mapping device Xsensor version 4 was used to record the distribution of pressure over the sacral and ischial areas of the phantom, after raising and lowering onto the different surfaces (10 repeats for each condition).

Results:
95% Confidence Mattress Naked Dry pad interval mmHg (mean, SD) mmHgmean,SD) difference between means) A. Standard foam 70.9 (SD1.6) 87.3 (SD6.1) 15.06-17.73 B. Visco-elastic foam 71.2 (SD2.57) 85.2 (SD6.42) 9.4-18.59 C. Surface-cut foam 67.6 (SD2.27) 82 (SD4.64) 10.96-17.83 The presence of an incontinence pad between the patient and the support surface raised the peak pressure significantly and by around 20-25%, a difference which is likely to be of clinical importance. Peak pressures frequently occurred over areas of pad folds.

Conclusions:
This study demonstrated that absorbent pads have a substantial adverse effect on the pressure redistribution properties of mattresses and pad folds appear to contribute to this effect. Continence pad materials are also likely to affect friction and shear. This paper will be followed by a discussion of a new method for measuring the co-efficient of friction on the skin, using a miniature Tensile Tester. This equipment is designed to pull strips of absorbent continence pad material across the skin of the volar forearm and preliminary results for wet and dry skin will be presented.

Barrier creams - Do they affect continence pad performance and do they effectively prevent water penetration of the skin?

Dr. M. Fader

Aims:
The aim of this study was to investigate the effect of skin barrier products on pad absorbency.

Methods:
Eight volunteer women tested three barrier products (i) Cavilon (ii) Sudocrem (iii) Soft paraffin. At each test a 75mm square of barrier product was applied to the volar forarm in different doses (a total of five tests per subject) . A 75mm square patch of disposable fluff-pulp bedpad material was fixed over the skin area on which the barrier product had been applied and a control patch was applied to the alternative arm. Patches were worn for one hour, then placed in a'strike-through' rig to measure the speed of absorption of 5ml of saline.

Results:
The table below shows comparisons between means of strike-through times recorded from absorbent squares used with different skin barrier products. Controls Cavilon Sudocrem Sudocrem Paraffin Paraffin (sparing)(liberal) (sparing) (liberal) 0.1g 0.3g 0.1g 0.3g Mean speed 6.4 6.1 6.3 22.4 9.8 40 (seconds) (-1.5,2.1) (-1.9,1.3) (9.5,21.6) (0.8,6.7) (35.7,40) (95% CI)

Conclusions:
Sparing applications of the Cavilon and Sudocrem did not increase absorption times significantly. Liberal applications of both Sudocrem and soft paraffin resulted in substantially longer absorption times and may therefore affect pad absorbency. This paper will be followed by the presentation of the development of a method to quantify water loading in the stratum corneum using measurement of trans-epidermal water loss. Preliminary results of a study comparing the efficacy of different barrier creams in preventing water penetration of the skin will be discussed.

What lies beneath - measuring substance transfer through the skin with microdialysis

Kelly Hislop

Methods of measuring water loading of the stratum corneum have limitations and accurate measurements are difficult without skin biopsy. Microdialysis (perfusion of capillary filaments placed below the skin) presents an alternative method which is minimally invasive and has potential to measure transfer of substances through skin directly and reliably. The development of this method will be presented together with preliminary results from barrier cream testing.

Symposium 4:

Rethinking practice development: An action research approach

Debbie Tolson, Associate Dean Research & Knowledge Transfer, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, United Kingdom. Email: d.tolson@gcal.ac.uk

Co presenters: Dr Joanne Booth, Andy Lowndes, Irene Schofield

Abstract:
This symposium reports on the first five years (2000-2005) of a major participatory research study, designed to develop a sustainable approach to enable the attainment of evidence based nursing care for older people within Scotland. Following the action research tradition the work has been undertaken in cycles of action as reflected in the first four papers.

The symposium culminates with consideration of the emergent Caledonian Model of Practice Development. This new approach to advancing practice binds together the scholarship of practice and inquiry, and supports implementation of best practice guidance through membership in an innovative virtual Practice Development College. Discussion will reflect on the merits and challenges of multi-site, longitudinal action research and on the transferability of project outputs.

Paper 1

Methods

Professor Debbie Tolson

The long-term aim was to find demonstrable and enabling approaches to the achievement of evidence based nursing care involving older people. An action research design was chosen drawing on selected aspects of realistic evaluation (Pawson & Tilley 1997).

Methods and procedures were not pre-determined or taken without participant involvement, with one exception; the fundamental decision to harness information technology. Pioneering work was undertaken by a group of 30 nurses who formed a Community of Practice (Wenger 2003). Overtime additional groups were recruited including older people.

To date over 120 practitioners, their associates and older people have participated in and continue to contribute to the development and testing of our new and promising approach (Tolson et al 2005).

Paper 2

Evidence for Practice

Dr Joanne Booth

In this paper the two initial action cycles, which ran concurrently, are described. The first aimed to develop a practitioner-led definition of gerontological nursing and agree the principles underpinning evidence based nursing of older people (Kelly et al, 2005). This was achieved by the inaugural Community of Practice using both face-to-face and online approaches. The resultant definition and principles then shaped the developing care guidance. Delineating the low-cost, involving methodology for constructing nursing-focused evidence based care guidance (Best Practice Statements) formed the focus of the second cycle. The group together with an expert advisor summarised diverse forms of evidence and applied the values to prepare prototype guidance. This was tested and refined in a 'demonstration site'. Only evidence that was credible and achievable was recommended and published by NHS Quality Improvement Scotland.

The procedural model was validated through the development of a second Best Practice Statement (www.geronurse.com). Qualitative analysis of focus groups, telephone interviews, online archives and documentary outputs indicated that the methodology facilitated the melding of evidence sources from the dominant hierarchy with evidence of value to gerontological nurses and older people within the published care guidance.

Paper 3

Learning in a Community of Practice

Andy Lowndes

Paper 3 examines the creation of the Caledonian Virtual Practice Development College (Buggy et al 2004) and the components of the transformational learning experience referred to as the practitioner journey. After a brief virtual tour of the college, attention turns to reporting the findings of an investigation which sought to verify key aspects of the practitioner journey with a subsample of nurses. Data were collected from a convenience sample of six participating nurses using recorded semi-structured interviews. The interview schedule (informed by the preliminary findings of what was working from the inaugural group) explored aspects of the learning experience as they attempted to implement best practice where they worked. Verbatim transcripts were thematically analysed using NVivo software. The findings endorsed the concept of a journey and clarified details of the steps and essential stages. The learning experience focused on sharing knowledge to solve practice-based problems directly related to Best Practice Statement implementation. The practitioner journey will be illustrated through interview excerpts.

Paper 4

Involving Older People

Irene Schofield & Dr Timothy B Kelly

The aim of this cycle was to involve older people in the development of consumer guides to best nursing care using an online community of practice approach. Twenty-one participants were recruited. An interdisciplinary team worked collaboratively to adapt technology, teach interactive computing skills, and develop the methodology for involving participants in the production of their own consumer guides (www.ageingmatters.com). Context and mechanisms were analysed using content analysis (Krippendorf, 1980) of training records, online sessions, and pre-post project interviews. Reliable and valid measures of life-satisfaction, computer attitudes and social networks were used to measure outcome.

Analysis suggests that participants integrated computer use into their daily lives and valued the involving methodology. Group dynamics and processes supported the productivity of the project and resulted in the completion of two care guidance documents presenting the older person's expectations about nursing care related to nutrition and the prevention of depression (Forthcoming NHSQIS publications).

Paper 5

The Caledonian Model

Professor Debbie Tolson

As the practice development model was not predetermined but evolved it was important to retrospectively establish what was working and extract the conceptual model so that it could be scrutinised, refined and replicated. Drawing on evidence from focus group interviews, telephone interviews, analyses of online transcripts and researchers' field notes, representations of the practice development model were drafted until an authentic description had been produced. The Caledonian Model (conceptual diagram to be shown) seeks to fuse the scholarship of practice (what nurses and older people know and want) with the scholarship of inquiry (arising from research and theoretical developments) to describe best practice. The attainment of best practice is enabled through the practitioner journey, supported through a social participatory and vicarious learning experience within the virtual College. Once all parts of the system are moving and aligned, progress towards evidence based care is possible and in many cases accelerated (Tolson et al in submission). Accumulating evidence suggests that this model, which blends emancipatory and technical approaches to practice development, enables demonstrable change in both favourable and unfavourable care environments.

Questions & Discussion
Professor Tolson will chair discussion encouraging consideration of methodological strengths and limitations, and reflection on the transferability of the Caledonian Model to other contexts.

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Tolson D, Schofield I, Booth J, Kelly TB, James L (In submission) Constructing a New Approach to Developing Evidence Based Practice with Nurses and Older People. Submitted to World Views on Evidence Based Nursing July 2005.

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Symposium 5:

The care dependency scale – towards a European assessment instrument for measuring care dependency

Ate Dijkstra, Head Staff Department & Senior Researcher, Stafbureau Ouderenzorg, Zorggroep Noorderbreedte, Leeuwarden, The Netherlands. Email: Ate.Dijkstra@znb.nl

Co presenters: Christa Lohrmann, Germany, Margaret White, UK

Abstract:

Introduction

In the European Research Group in Elderly Care (Eurecare) nursing and other researchers from several European countries are working on the further development and implementation of an assessment instrument called the Care Dependency Scale. This international co-operation centres on the phenomenon of care dependency, and more precisely the assessment of this, using the Care Dependency Scale (CDS). The CDS was originally developed in the Netherlands in 1994 as an instrument for care planning. The reason for its development was the fact that nurses were confronted with older patients with chronic and increasing needs for care as a result of their health problems. In order to support individual needs and avoid routine provision of care, nurses were interested in a short, practicable instrument to assess patients' dependency on nursing care. Existing tools were unsuited to providing the specific information needed by nurses, because they were designed to indicate where help was needed without regard to the care dependency status that arises from these needs. In practice, the CDS is intended to be used in the first stage of the nursing process as a case-finding and needs assessment tool.

During this symposium Eurecare members will give presentations of their work on the development and psychometric properties of the CDS. This is in relation to patient care with an emphasis on assessing and evaluating dependency using the CDS, with the aim of promoting independence, autonomy and quality of life.

Background and development of the Care Dependency Scale in the Netherlands

Introduction:

Care dependency and similar terms are frequently used in nursing literature. However, their meanings are still to be adequately defined. This paper seeks to operationalise the concept of dependency for use in long-term nursing care practice. An analysis of this concept, specifically with regard to nursing care, will present a frame of reference from which a measurement instrument can be developed.

Aim:

The main aim of this study is the development of an assessment scale for measuring care dependency.

Method:

The approach of Waltz et al. (1991) has been used to operationalise the concept of care dependency. A Delphi survey also took place in which 44 panellists participated. Results: Virginia Henderson's framework of human needs provides a good starting-point to specifying the variable aspects of the concept of care dependency. An instrument has been designed as a means of measuring 15 dimensions of care dependency. The instrument consists of the following components: a label, a description of the given label, and five indicators to determine the degree to which patients depend on nursing care.

Assessment of geriatric patients from the professional perspective using the Care Dependency Scale

Background:

The German version of the Care Dependency Scale (CDS) is psychometrically tested for nursing homes and for hospitals. Previously there was yet no investigation of the responsiveness of the scale.

Objectives:

The purpose of this study is to examine the responsiveness of change of the CDS. Method: Data were collected from 637 geriatric patients during a one-year period. Nurses assessed the patients from being completely dependent to being completely independent at 3 different points of time. T-tests were used to compare the mean scores followed by calculation of the effect size.

Results:

There were 5 main groups of diagnoses. Patients in these groups showed different levels of care dependency. Patient with cerebral infarction showed the highest care dependency. A significant change from time 1 to 2 showed small or moderate effect and no significant changes from time 2 to 3. Patients with fractures of the femur found the lowest care dependency. Great changes were found from time 1 to 2 and moderate changes from time 2 to 3.

Conclusion:

The results suggest that the CDS can be recommended for assessing changes of care dependency of geriatric patients.

The Modified Care Dependency Scale as an Outcome Measure and Goal-setting Tool in multidisciplinary Rehabilitation

Introduction:

Outcome measures in rehabilitation are often either too simplistic or overly complex and time-consuming. A concise, easy to use, understandable, and visually clear multidisciplinary tool is required, facilitating patient empowerment and encouraging the 'expert' patient to be an integral part of the multi-disciplinary rehabilitation team.

Aims:

To prove the reliability of the modified CDS as a worthwhile tool for the rehabilitation team and the wider rehabilitation community.

Method:

Validation was carried out by the rehabilitation team, and reliability will be assessed by completing the CDS using data from both the initial assessment procedure and subsequent multidisciplinary team meeting, on one hundred people admitted to a rehabilitation centre. Both inter and intra-rater reliability methodology will be used, the results analysed using Kappa statistics.

Conclusion/Discussion:

Once the CDS has proven reliability, Part 3 will involve patients setting their own goals through discussion with the multidisciplinary team and using the CDS to monitor their progress. They will therefore be involved in driving their own treatment and helping improve the service.

Symposium 6:

Utilisation of Merleau-Ponty's philosophy as a methodological framework for undertaking phenomenological research in nursing - opportunities, challenges and implications.

Chair: Dr Angie Titchen, Senior Research and Practice Development Fellow, RCN Institute, London and Clinical Chair, Fontys University, The Netherlands)

Robert Brown, Lecturer and Practitioner Researcher in Practice Development and Nursing, Faculty of Life and Health Sciences, University of Ulster, Belfast, United Kingdom

Co presenters: Jan Dewing, Dr Angie Titchen

Abstract:
Phenomenology addresses the meaning behind the experience of illness and reminds us that we cannot in essence split apart the illness itself from the patient's own experience and understanding of that illness. This symposium will utilise the philosophy of Maurice Merleau-Ponty (1945, 1968) to further challenge the prevailing dualistic ethos that sustains a mechanistic approach to the sick body as a malfunctioning machine. A rejection of Cartesian mind-body duality will be explicated using the methodological framework of phenomenological doctoral studies on loneliness within life-limiting illness and wandering among people with dementia.

Paper 1

The influence of Merleau-Ponty's philosophy on nursing research

Jan Dewing, Doctoral Student, RCN Institute, London, and Bob Brown, Doctoral Student, University of Ulster

This paper will be opened by the chair in the form of a series of critical questions that will then be addressed in the presentations:

1. How has Merleau-Ponty's work been located within the broader context of phenomenology?

2. Does Merleau-Ponty's philosophy offer us anything more than that contributed by Husserl and Heidegger?

3. What are the implications of Merleau-Ponty's philosophy for research and practice?

Nursing has responded enthusiastically to phenomenological research in recent years, following on from Benner and Wrubels seminal work on nursing practice (1982). Despite this, phenomenological research still remains somewhat of an untapped well and commentators such as Crotty (1996) and Paley (2005, 1998) have been heavily critical of the way in which much nursing research in the field has diluted phenomenology and its underpinning philosophy. The philosophy of Merleau-Ponty (1945, 1968) has been more frequently referred to in recent nursing research (Thomas, 2005; Davis, 2004; Wilde, 2003) and appears to be an increasingly popular choice for phenomenological research. This first paper will set out the main ideas underpinning the work of Merleau-Ponty and how they can make a valuable contribution to nursing research and practice development. This forms the basis for the next two papers and the summary discussions on this symposium. These two papers both make use of Merleau-Ponty's philosophy and also use the methodological framework of Max van Manen (1997). Both papers will show how the application of the methodological frameworks within the context of the research questions produce similar approaches to the relationship between the research data and analysis, alongside different types of findings and learning about phenomenological research in nursing.

Paper 2

The challenge of phenomenological research: Reduction, reflection and representation

Bob Brown

This paper follows on from Paley's view that human science researchers have misunderstood the philosophical underpinnings that they claim to have been adhering to. It will be argued that a stronger focus on experience as it is 'lived' rather as it is interpreted, offers a pathway to what Husserl termed 'the things themselves'. The debate around the importance of the phenomenological reduction has received insufficient attention by nurse researchers who have tended naively to approach the topic (if at all) from a descriptive or interpretive stance. The reduction from Merleau-Ponty's viewpoint is a highly reflective component of the research process aimed at achieving the essence of the experience of the phenomenon as a whole. Different levels of the reduction will be distinguished for their eclectic value and methodological usefulness alongside recognition that complete reduction is impossible. Husserl described the reduction as "the suspension of the natural standpoint" through an adoption of the philosophical attitude. It is our job to describe the phenomenon, but not to try to decide whether the phenomena we see represent really existing objects out there. This second paper will offer examples of how the phenomenological reduction has been applied through Merleau-Ponty's philosophy on the lived existentials of time, body, space and relationality before commenting on the relevance of this work to research and practice. Finally, the lack of debate on the ethical dimensions of phenomenological study emphasises the need to consider the place of the researcher in the field of inquiry. The challenge of gaining a meaningful representation of the experience of loneliness among people with life-limiting illness will form this aspect of the paper before offering suggestions for future study.

Paper 3

The contribution of van Manen's methodological framework to phenomenological research

Jan Dewing

Given the popularity of Merleau-Ponty and the association van Manen makes between his methodological approach and Merleau-Ponty's philosophy, it is surprising that there is not more debate around van Manen's contribution to qualitative research within the nursing domain. In this paper, derived from a doctoral study on wandering in older persons with dementia, the methodological framework of van Manen (1997) will be described in detail and then critiqued. Examples of data from the above study will be used to show the usefulness and challenges associated with using this methodology in nursing research. In particular the notion developed by van Manen of the 'phenomenological protocol' as a basis for developing phenomenological writing of research data will be discussed. The work of van Manen was used in the research mentioned above because it flowed from the phenomenological ideas of Merleau-Ponty and also because at a pragmatic level, it offered a more robust framework for data analysis than had been previously offered by phenomenologists such as Colaizzi (1978). This paper will also consider the relationship between data analysis and creative imagination in order to generate new possibilities when working in phenomenological research.

Summary by Angie Titchen
The symposium will be summarised by Dr A Titchen who has published widely on phenomenological research within nursing. Dr Titchen will offer key messages from the papers and invite discussion from conference delegates, who it is hoped will recognise the potential for phenomenology as a philosophic and reflective enterprise that all nurses can practise as 'a manner or style of thinking' (Merleau-Ponty, 1945).

Symposium 7:

Computer-based health promotion and patient information: Five randomised trials

Ray Jones, Professor of Health Informatics, IHS, UoP, Institute of Health Studies, Plymouth, United Kingdom. Email: ray.jones@plymouth.ac.uk

Co presenter: Jenny Marsden

Abstract:

Background

Computers can be used to give patients information related to their condition or to promote healthier lifestyles. This is a new area of research and many questions remain about processes (such as should it be online or paper, where should the intervention take place, how should clinical staff be involved) and outcome (such as improved knowledge or psychological status). Nurses play a key role in providing information to patients and need to be involved in research in this field. We present five randomised trials illustrating the research questions being addressed and will discuss the nurse's role in these developments.

Computerised information for schizophrenia patients

In this study, we recruited and randomised 112 patients with schizophrenia into three groups, each having five educational sessions. One group used a computer, the second group had sessions with a Community Psychiatric Nurse (CPN), and the third ('combination') group had first and last sessions with CPN and the remainder with computer. Slightly fewer of the CPN group had improved knowledge but slightly more had improved mental state at three months. Three-quarters required transport to their computer sessions in a resource centre, but there were no differences in costs between the groups. We concluded that computer-based patient education organised this way offered no advantage over CPN sessions, however, investigation of computer use combined with other health service contacts would be worthwhile

Computerised cognitive behavioural therapy for stress

A previous pilot study of computerised cognitive behavioural therapy (CBT) suggested it was effective in reducing anxiety but a comparison study against other methods was required. In this trial, GPs referred 239 patients to public libraries, where 170 were recruited and randomised to printed CBT, the same material on computer, or continued GP care. Initial levels of referral were low, caused by GP dislike of the printed CBT 'arm' (their intervention). To increase referrals we changed 'delivery' of printed material from GPs to psychology assistant; in one case the practice nurse was responsible. Half thought computerised CBT was beneficial but improvements in anxiety were no better than controls. Based on small numbers, patients allocated to printed CBT improved more than controls but 'delivery' by psychology assistant was expensive because of travel between sites. Practice nurse managed CBT, and alternative methods of identifying patients would be worth investigating.

Health promotion to prevent osteoporosis

Recent changes in public health services have resulted in a greater role for nurses in health promotion. Two thirds of young women do not do enough weight-bearing exercise and average calcium intake is below recommended levels to prevent later osteoporosis. We completed an exploratory randomised trial comparing stage-based tailored messages with non-tailored messages in promoting knowledge of osteoporosis, attitude change and preventive behaviours. Female undergraduates completed web-based questionnaires on knowledge of osteoporosis, calcium intake, physical activity, health belief, self-efficacy, and stage of change. Students were randomly allocated to receive either a tailored, standard or control email message. Tailored messages were created using the baseline questionnaires. Standard messages gave general information about the prevention of osteoporosis. Control messages thanked subjects for participation.

Students completed further questionnaires at one month. Knowledge scores improved for 17% in the tailored, 13% in the standard and 4% in the control group but the difference between tailored and standard groups was not statistically significant. Significant improvement was noted in perceived benefits of calcium intake in both tailored and standard groups but no significant difference between groups. Perceived benefits of exercise improved significantly in tailored and control but not in the standard group. More women improved on stage of change in the tailored group for both exercise and calcium intake. Women were more likely to remember receiving and reading tailored messages than standard or control messages. Women in the tailored group were more satisfied than the other groups. With a small sample, generalisability is limited but tailored approaches may engage the subject's interest more effectively and may result in better improvements in knowledge.

Tailored information for cancer patients

Using medical records to tailor information may make it more useful for patients. We completed two trials amongst cancer patients. First, we recruited and randomised 525 patients to three groups. Two groups were offered information via computer (tailored or general information). The third group selected information booklets. More patients offered the personalised information said they had learnt something new, thought the information was relevant, used the computer again, and showed their computer printouts to others. Unexpectedly, more of the general computer group were anxious at three months. Second, we explored the hypothesis that different methods of selecting and printing information for cancer patients could improve emotional support by affecting interaction with others leading to improved psychological wellbeing. Four hundred patients were recruited and randomised to 8 groups (three factors, 2X2X2). The intervention was a printed booklet with three variations: (1) Half had 'general' information for that cancer; half had 'personal' information from the medical record plus selected general information; (2) half chose information by 'interacting' with the computer; half had booklets produced 'automatically'. (3) Half had additional 'anxiety management advice'. The larger booklet produced 'automatically' was more likely to be useful, tell patients something new, not be seen as limited, but more likely to overwhelm, than booklets produced interactively. Personal were more likely than general booklets to tell patients something new. Patients with personal information were more likely to show the booklet to others and to think it helped in discussing their cancer. There were no major differences in social support, anxiety or depression by intervention factors. That patients prefer personalised information and are more likely to show it to their confidant appears robust (having been shown in two studies). However further research is needed into the effects of sharing information on patients' social support and anxiety.

Conclusions

Computers are likely to radically alter the delivery of health care. These five studies illustrate some of the research issues in using computers to give patients information. Nurses need to be involved in research and innovative practice in this new field.

Symposium 8:

Making a difference? New clinical leadership roles for nurses

Cherill Scott, Senior Research Fellow, RCN Institute, London, United Kingdom.

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Abstract:

Introduction

In 1999, the Department of Health, England (DH) outlined a new strategic direction for nursing, midwifery and health visiting in the publication 'Making a Difference'. This spoke of the leadership needed in order to sustain the commitment of nurses during forthcoming service modernisation, drive through inter-agency and inter-disciplinary working, and improve quality and practice. Since then, the DH has issued guidance on the establishment of three new nursing roles: consultant nurses, modern matrons and community matrons.

Symposium themes

This symposium brings together nurse researchers involved in DH-funded studies of each of the new roles. Their papers focus on the clinical leadership dimension of each role. Common themes include: the challenges facing nurses as they implement the new leadership roles; the nature of organisational and personal authority and power; the difficult relationship between managerial and leadership responsibilities; and leadership style, with particular reference to the transformational leadership model. These insights are relevant for practitioners, their managers and providers of leadership courses. The presentations should increase awareness of the changing policy context for nursing leadership. Finally, they illustrate the methodological challenges of research into leadership.

Outline

Following a brief overview of the policy context by the chair (Cherill Scott), three research papers will be presented:

1. Consultant nurses and midwives as leaders

Prof Sally Redfern, King's College, London, Nursing Research Unit

Background

Nurse, midwife and health visitor consultants were established in 2000. The first phase of a DH-funded study (Guest et al, 2001) highlighted the conflict experienced by some of the consultants in being an effective leader without having managerial authority to implement change. This conflict was investigated in more detail in the second phase, which included national coverage of consultants employed in England in 2002/2003 (Guest et al, 2004).

Aims

The aim of this paper, which draws from the larger study, is to explore the leadership role of nurse, midwife and health visitor consultants.

Methods

Leadership was explored from several perspectives:

- interviews with 14 managers who sponsored the consultant role.
- views of experienced consultants offered in 4 focus groups in mental health, midwifery, critical care and care of older people.
- longitudinal telephone interviews with a panel of 32 consultants whose tenure was greater than 12 months; critical incident analysis was used.
- engagement in the leadership component of the role and self-rated effectiveness were asked in two national questionnaire surveys ten months apart (N = 448 [response rate 83%] and 528 [79%] consultants respectively); data analysis included correlational analysis and multiple regression analysis.

Results

The findings confirm leadership as an important means by which consultants are making an impact. Effective leadership is typically a product of impressive personal qualities and credibility and use of an empowering style with colleagues.

Conclusions

The problem of leadership without formal management authority troubled many consultants. This raises questions about the feasibility and desirability of restricting the role of the consultant to one of leadership without management.

2. The clinical leadership role of modern matrons

Michael Ashman & Prof Susan Read, School of Nursing & Midwifery, University of Sheffield. Emails: m.ashman@sheffield.ac.uk, s.read@sheffield.ac.uk

Background

'Modern matron' posts were established from 2001 onwards. One of the three strands of their role was provision of leadership to staff, to 'assure the highest standards of clinical care' (DH, 2001).

Aim

The aim of this paper is to draw on the findings of a larger, DH-funded study to explore the clinical leadership role of modern matrons.

Methods

Initially, postal questionnaires were sent to Directors of Nursing in all Trusts (including PCTs) in England (N = 545, response rate 76%). Their responses helped to inform the next phase, in which 10 trusts of varied types, sizes and locations were selected as case studies. In these trusts, all modern matrons in post were surveyed (n=176, response rate 69%), and a purposive sample of up to three matrons (n= 21) and their key work contacts (n=100) were interviewed to give a deeper understanding of the matron role. Thematic analysis of interview transcriptions was undertaken. Senior managers' statements of intent, person specifications and job descriptions for matrons' posts were analysed to see whether, and how, trusts recognised the potential of matrons to provide clinical leadership.

Results:

In the initial survey, Directors of Nursing emphasised the importance of matrons' leadership role. Case study findings demonstrated this in relation to matrons themselves, their senior colleagues in varying disciplines and clinical staff. Explicit examples of matrons' transformational leadership behaviour were reported.

Discussion & conclusions

Discussion will focus on the impact of organisational demands which require trusts to recognise and balance matrons' managerial and leadership responsibilities.

3. Clinical leadership in primary care: community matrons and nurse consultants

Vari Drennan, Claire Goodman & Stephen Leyshon, University College, London (Primary Care Nursing Research Unit)

Background

Over 90% of NHS patient contacts occur in primary care. Government policy aims to increase the type and range of services in primary care. As part of that policy stream, DH (England) has created two new clinical nurse leadership roles in primary care: 'nurse consultants' and 'community matrons'.

Aims

This presentation aims to synthesise findings from two studies: (1) an evaluation of a cohort of nurse consultants based in two primary care organisations (2001-05); and (2) a study to investigate the support required by hospital nurses moving into community matron roles (2005).

Methods

Data collection for both studies included a survey, individual and group interviews. Study 1 had 45 participants; study 2 involved a total of 120 community matrons, medical consultants, GPs, managers and nursing colleagues. Relevant documents were reviewed. Thematic and stakeholder analysis was undertaken.

Results

The two studies provide insights into the different types of clinical leadership role; the differentiation between management and clinical leadership roles; the extent to which these roles achieve their intended outcomes in primary care settings; and the factors that support or inhibit the development and achievement of the role.

Discussion and conclusions

The results of the studies will be compared and contrasted to demonstrate:

- How the organisation and practice context directly influences primary care practitioners' ability to function as leaders
- How the primary care context shapes the leadership role.

Recommended reading:

Alimo-Metcalfe, B. and Alban-Metcalfe, J. (2004) The myths and morality of leadership in the NHS. Clinician in Management, 12 (2), 49-53

Department of Health (1999) Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare London: Department of Health

Department of Health (2001) Health Circular HSC2001/010. Implementing the NHS Plan: Modern Matrons. London: Department of Health

Department of Health (2004) The NHS Improvement Plan: Putting People at the Heart of Public Services. Cm 6268 London: The Stationery Office

Drennan V, Andrews S and Sidhu R (2004) Flexible Entry to Primary Care Nursing: Improving Recruitment and Retention in Primary Care. Report to the DH. Primary Care Nursing Research Unit UCL/KCL London

Guest D, Redfern S, Wilson-Barnett J, Dewe P, Peccei R, Rosenthal P, Evans A, Young C, Montgomery J, Oakley P (2001) A preliminary evaluation of the establishment of nurse, midwife and health visitor consultants. Report to the DH. King's College London & Birkbeck College. Management Centre, King's College London

Guest D, Peccei R, Rosenthal P, Redfern S, Wilson-Barnett J, Coster S, Evans A, Sudbury A (2004) An

evaluation of the impact of nurse, midwife and health visitor consultants. King's College London http://www.kcl.ac.uk/nursing/nru/nurseconreport.html

NHS Executive England (1999). Nurse consultants. Health Service Circular 1999/217 London: Department of Health RCN Institute/ School of Nursing & Midwidery, University of Sheffield (2004) Evaluating the modern matron role in a sample of NHS trusts. Report to the DH Policy Research Programme. http://www.shef.ac.uk/snm/research/modern_matron_evaluation.html Or http://www.rcn.org.uk/publications/pdf/mm_finalreport.pdf

Workshop 1:

An introduction to economic evaluation and its potential contribution to nursing research

Cynthia Iglesias, Health Sciences, University of York, York, United Kingdom

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Co presenter: Nicky Cullum, Professor

Abstract:
Economic evaluation in health care is essential in order to ensure that finite resources are deployed for maximal societal benefit; the information resulting from such evaluations enables decision makers to disinvest from strategies that are not cost effective in favour of those which are. In the context of health care interventions, economic evaluation involves the comparative analysis of alternative strategies (e.g., drugs, devices, nursing interventions) in terms of their costs and associated health benefits. The workshop will cover the basic principles of economic evaluation (including different designs and measures of health outcome) and will be illustrated with nursing relevant examples.

Aims:
To raise awareness of the value of economic evaluation to nursing decision making.

To begin to develop skills in the understanding and interpretation of economic evaluations

Level:
Introductory

Objectives:
To be able to identify different types of economic evaluations of health care interventions

To be able to recognise some key strengths and weaknesses in economic evaluations

To be familiar with the most commonly used measures of health benefit relevant to economic evaluations

To begin to develop skills in interpreting the results of economic evaluations

Content
1. Different designs: Cost benefit analysis; cost utility analysis; cost effectiveness analysis

2. Main differences between designs including strengths and weaknesses and when they should be used.

3. Measuring health benefit in natural units; health measures incorporating quality of life; valuing health benefit in monetary terms.

4. Introduction to decision rules; cost effectiveness planes; cost effectiveness acceptability curves.

Nature of Participation: Mixture of didactic and facilitated small group work.

Workshop 2:

Using Q Methodology in nursing research workshop

Leader: Dr Carl Thompson, Department of Health Sciences, University of York, UK.

Abstract:
Q methodology is a quantitative technique for modelling the shared values of individuals whilst at the same time retaining local context, avoiding artificially separating out individuals into groups according to pre held assumptions, and allowing for the depth of interpretation and description that is characteristic of qualitative research. Q Methodology has long been a component in the methodological toolkit of political scientists, medical sociologists and marketers. Its application to nursing research however is relatively recent, but has gained popularity in recent years due to its unique properties: retention of analytical power and contextual depth. Q has been applied to areas such as disability and social identity, information behaviour and barriers to evidence based practice, health economic modelling, research utilisation, and industrial relations in the healthcare workforce.

The focus for this workshop will be on acquiring the knowledge and skills required to undertake a basic Q methodological modelling exercise.

Participants will:

1. Be introduced to the epistemological and ontological assumptions underpinning Q methodology.
2. Understand the differences between Q and tradition "R" based factor analytic approaches
3. Understand the synergies between a qualitative view of social values and related actions and the quantitative modelling undertaken in a Q study
4. Work though a practical example of a Q modelling exercise in 'real time' (the topic will be perceptions of the evidence based practice movement).

In doing so we will

a. Develop a Q sample of representative statements

b. Undertake sample data entry

c. Use simple and freely available software (PQ Method version 10.0) to analyse the responses of a subset of participants

d. Use judgemental and mathematical approaches to factor analysis and rotation to understand the analytic process

e. Interpret the results in the context of the group
5. be exposed to common pitfalls (and possible solutions) in the Q modelling process.

The workshop will be a mix of short (10 minute) didactic instruction, interactive group work and "hands on" analysis (a series of 5 laptops will be provided for groups). Participants will have the opportunity to develop Q sample statements, enter data, familiarise themselves with suitable (and freely available software), undertake simple analysis, and perhaps most importantly, to interpret and make sense of their results. The end product is intended to be an appreciation of the contribution that Q methodological modelling can make to understanding the links between shared social values, individual and collective social action in healthcare settings.

No prior knowledge of Q methodology or the software used will be assumed, but an understanding of the basic principles of factor analysis and/or principle components analysis would be an advantage (though is not essential). The workshop would be ideal for researchers looking to extend their methodological range and who are interested in a truly mixed method approach to answering those questions in healthcare where shared social values matter.

The workshop will be led by an experienced teacher/workshop facilitator (Carl Thompson). He has published widely in the area of Q methodological modelling (Baker, Thompson and Mannion 2005, Thompson et al. 2005, Thompson forthcoming) and applied the method in studies funded by the Economic and Social Research Council, the Medical Research Council and the Department of Health.

Recommended reading:
Baker R Thompson C and Mannion R (2005) Q-methodology in health economics Journal of Health Services Research and Policy, Vol 10, No 4 (in press).

Thompson Ca et al (2005) Barriers to evidence based practice in primary care nursing - why viewing decision making as context helps Journal of Advanced Nursing 52(4) 1-13

Thompson Ca et al (2005) Barriers to evidence based practice in primary care nursing - why viewing decision making as context helps Journal of Advanced Nursing 52(4) 1-13

Workshop 3

Motivational interviewing - novel applications in nursing practice

David Brodie, Research Centre for Health Studies, BCUC, Chalfont St Giles, United Kingdom

Co presenters: David Shaw, Principal Lecturer in Health Psychology; Peter Sandy, Senior Lecturer, Nursing

Abstract:

Introduction:

Motivational Interviewing was originally developed William Miller of New Mexico (Miller, 1983) and further developed in collaboration with Stephen Rollnick of Cardiff (Miller & Rollnick, 1991, 2002). The approach was developed in order to help problem drinkers and represented an alternative to the traditional bio-medical approach, which had resulted in very limited success in achieving long term behaviour change.

The traditional approach to achieving behaviour change casts the professional in the role of expert who provides information, advice, coercion and authority in order to achieve medical goals. There is ample evidence that this approach has been unsuccessful in affecting and maintaining behaviour change in general and problem drinking in particular. Motivational interviewing re-aligns the relationship between client and professional. The client is cast in the role of expert and the role of the professional is to stimulate thought about the problem behaviour and then facilitate and support the client through decision-making and behaviour change (or not).

The approach is described as "directive person-centred." The bulk of literature on motivational interviewing focuses on alcohol abuse (eg Miller et al, 1988), though there have also been a number of studies on the abuse drugs ranging from cannabis to heroin (eg Saunders et al 1995) and on neuroleptic medication adherence (eg Bien et al, 1993) and the approach has been widely adopted in practice. However, despite its success in these areas only a small number of studies have applied motivational interviewing to other problem behaviours.

Those behaviours that have received attention include smoking (Rollnick et al, 1997), HIV risk reduction behaviour (Baker & Dixon, 1991), eating disorders (Long & Hollin, 1995), obesity (Rollnick 1996); and diabetes management (Stott et al, 1996). However, the literature in these areas is very immature and the evidence base is weak. The interest of this research team lies in developing and studying the application of motivational techniques to other clinical groups and problem behaviours.

Structure of Proposed Workshop

The proposed workshop has seven phases:

1. Background:

This will comprise a short presentation setting out the problem of non-adherence within the broad scope of nursing practice.

2. Role-Play 1:

The presenters will demonstrate a traditional nurse-client interaction. This will be followed by an open discussion in which the workshop participants are invited to comment on what they have seen.

3. Introduction to Motivational Interviewing:

Another short presentation proposing a realignment of the nurse-client relationship through the medium of motivational interviewing. This will involve introducing participants to the foundations of motivational interviewing: client-centredness; cognitive dissonance theory; social cognition and motivational theory; and the transtheoretical model (Prochastka & DiClemente, 1982, Prochaska et al, 1994).

4. Role-Play 2:

The presenters will 're-play' the previous nurse-client interaction using some techniques from motivational interviewing. This will be followed by open discussion in which the participants identify some of the principles and techniques demonstrated.

5. Principles of Motivational Interviewing:

A summary of the principles and main techniques of motivational interviewing: the avoidance of labelling; expression of empathy; creation of dissonance; working with ambivalence; managing resistance; supporting self-efficacy; encouraging individual responsibility; and a low degree of directiveness.

6. Simulated Interaction:

Working in groups of three, participants will be asked to role play an interaction that is relevant to their field of practice (several of these scenarios will be prepared in advance to cater for the main fields of nursing practice). This will be followed by feedback from the observers and general discussion.

7. Plenary:

Summing up by the presenters. This will include reference to four 'case studies' that the researchers have been involved in: CHD prevention in primary care; dietary intervention with Asian diabetics (Shaw et al, XX); exercise adherence in heart failure patients (Inoue, 2000) and mental health in a secure setting.

This will be supplemented by posters in the workshop room.

References:

Bien, T.H., Miller, W.R. & Boroughs, J.M. (1993) Motivational Interviewing With Alcohol Outpatients. Behavioural And Cognitive Psychotherapy Volume 21, Number 4, pp347-356.

Long, C.G. & Hollin, C.R. (1995) Assessment And Management Of Eating Disordered Patients Who Over-Exercised: A Four Year Follow Up Of Six Single Case Studies. Journal Of Mental Health, Volume 4, Number 3, pp309-316.

Miller, W.R. (1983) Motivational Interviewing With Problem Drinkers. Behavioural Psychotherapy. Volume 11, pp147-172.

Miller, W.R., Sovereign, R.G. & Krege, B (1988) Motivational Interviewing With Problem Drinkers: II. The Drinker's Check-Up As A Preventive Intervention. Behavioural Psychotherapy. Volume 16, pp251-268.

Miller, W.R. & Rollnick, S.R. (1991) Motivational Interviewing: Preparing People To Change Addictive Behaviour. New York, Guilford Press. Miller, W.R. & Rollnick, S.R. (2002) Motivational Interviewing: Preparing People For Change. New York, Guilford Press.

Prochastka, J.O. & DiClemente, C.C. (1982) Transtheoretical Therapy: Toward A More Integrative Model Of Change. Psychotherapy, Volume 20, pp161-173.

Prochaska, J.O., Velicer, W.F., Rossi, J.S., Goldstein, M.G., Marcus, B.H., Rakowski, W., Fiore, C., Harlow, L.L., Redding, C.A., Rosenbloom, D. & Rossi, S.R. (1994) Stages Of Change And Decisional Balance For 12 Problem Behaviours. Health Psychology, Volume 13, Number 1, pp39-46.

Rollnick, S. (1996) Behaviour Change In Practice: Targeting Individuals. International Journal Of Obesity And Related Metabolic Disorders. Volume 20 (suppl 1), ppS22-26.

Rollnick, S., Butler, C.C. & Scott, N. (1997) Helping Smokers Make Decisions: The Enhancement Of Brief Intervention For General Medical Practice. Patient Education And Counselling, Volume 31, Number 3, pp191-203.

Saunders, B., Wilkinson, C. & Phillips, M. (1995) The Impact Of A Brief Motivational Intervention With Opiate Users Attending A Methadone Programme. Addiction, Volume 90, pp415-424.

Stott, N.C., Rees, M., Rollnick, S., Pill, R.M. & Hackett, P. (1996) Professional Responses To Innovation In Clinical Method: Diabetes Care And Negotiating Skills. Patient Education And Counselling, Volume 29, Number 1, pp67-73.

Recommended reading:

Shaw, D.G., Brodie, D.A. & Arumugam, U. (2003) The Use Of Patient-Centred Motivational Interviewing For Patients With Chronic Disease. Conference-Workshop: Working With Psychosomatic And Unexplained Symptoms In General Practice. Royal College Of General Practitioners, London, 19th September.

Shaw, D.G., Shamsi, T., Brodie, D.A., Arumugam, U. & Bansil, R. (2004) Motivational Interviewing In Primary Care: Exploratory Studies In Smoking Cessation And Diabetes Management. British Psychological Society Division of Health Psychology Annual Conference, Queen Margaret's University College, 10th September.

Shaw, D.G., Shamsi, T., Brodie, D.A., Arumugam, U. & Bansil, R. (2004) Motivational Interviewing In Primary Care: Exploratory Studies In Smoking Cessation And Diabetes Management. British Psychological Society Division of Health Psychology Annual Conference, Queen Margaret's University College, 10th September.

Workshop 4

The principles and practices of active public involvement in research.

Roger Steel, Development Officer, Support Unit, INVOLVE, Eastleigh, United Kingdom

Email: rsteel@invo.org.uk

Abstract:

Background to the workshop:

In 1996 the chair of the Department of Health Central Research and Development Committee appointed a sub group to address the issue of how to take forward patient and public involvement in NHS research. This group was composed of individuals with backgrounds and experience collectively spanning the voluntary sector, academic research and NHS Research & Development. It then became a standing group, and in January 1998 published its first report.

The group, which became known as Consumers in NHS Research, continued to meet four times a year as an advisory group to the DH, with a remit to produce guidance on the principles and practicalities of public involvement in NHS research for researchers and the public. The group was supported by a secretariat, which eventually became a DH funded Support Unit, to undertake its day to day work. Renamed INVOLVE in 2002, the group expanded its work to promote public involvement in health and social care research taking place outside as well as inside the NHS research.

The fundamental message of INVOLVE is that the involvement of consumers in the research process leads to research that is more relevant to people who use services. If research reflects their needs and views it is more likely to produce results that can be used to improve practice in health and social care. There is increasing evidence for this assertion, for example the 'PC11' project which evaluated 11 London based primary care research projects which had involved patients and the public .

In 2001 the Research Governance Framework for Health and Social Care was published by the DH, for the first time enshrining public involvement in NHS health and social care research as a matter of policy. It is now a requirement under research governance to actively involve people who use services appropriately in the design and conduct of research. The workshop The proposed workshop will utilise dialogue with participants within a structured framework in order to help ground the practices and principles of public involvement in research within their experience. It will also draw on examples nationally, and include a brief presentation of basic principles.

Within the following basic structure, variation will be allowed in order to respond to participants learning needs.

1. Introductions and warm up exercise
2. Short presentation to include

   Brief history of INVOLVE

   Basic principles of active involvement in research

   Different levels of involvement and what they mean

   Active involvement in different stages of the research cycle with examples
3. Break into smaller groups, discuss barriers for people who use service in getting involved.
4. Feedback in main group
5. Small groups again – discuss ways to overcome those barriers
6. Full group discussion on the opportunities and practicalities of public involvement INVOLVE publications will be available for workshop participants to take away with them.

Workshop content:

We will initially clarify what we mean by 'active involvement' in research. By active involvement we do not mean research 'done for, to, or on, people', as with research participants, but research done with or by people who use services. Knowing why it is important to involve the public in health and social care research is crucial. Without knowing why, it would be difficult to know how. There are a plethora of practise considerations when involving the public in health or social care research, but these should all be governed by an understanding of fundamental principles, not simply the need to follow a requirement. There are different levels of involvement in research, from consultation to collaboration to user control, and it is important to be clear about the level of involvement a research project is applying. There can be active involvement at different stages of the research cycle from deciding on research topics, research design, and management, through to undertaking the research, interpreting the data, and disseminating the results. Each stage has its own particular issues and problems.

There are a range of practical considerations, and researchers need to think about the various barriers, opportunities and day to day practicalities of involvement. For example:

- Who are the appropriate people to involve?
- Why would they be interested?
- Where are they to be found?
- What about payments?
- What should be considered in terms of support, access, skills and training?

INVOLVE provide detailed published guidance on all these issues but there is no fixed method for doing public involvement because there are so many different kinds of health and social care research requiring different approaches. Examples are helpful, which is why they are used extensively in INVOLVE's literature, including the database of research projects on the website as well as examples published by others . However, there is very real and lasting value in the learning process in dialogue where there is the opportunity to weave the principles and practicalities of patient and public involvement with the lived experience of researching. This workshop aims to do just that.

Recommended reading:

Hanley, B. (2004) 'Involving the public in NHS, public health, and social care research: Briefing notes for researchers' INVOLVE

Barnard, A et al (2005) 'An evaluation of consumer involvement in the London Primary Care Studies Programme' Peninsula Medical School

Barnard, A et al (2005) 'An evaluation of consumer involvement in the London Primary Care Studies Programme' Peninsula Medical School

Thursday 23 March

11.30 – 13.00

Symposium 9

Completing a systematic review

Chair: Dr Caroline Shuldham, Director of Nursing & Quality, Royal Brompton & Harefield NHS Trust

Co presenters: Janelle Yorke, Lecturer and Sharon Fleming, PhD student, Royal Brompton & Harefield NHS Trust

Abstract:

Introduction:

Systematic reviews bring together the results from original research to answer questions, largely about interventions. In common with other research methodologies they use a well defined protocol. A systematic review might be undertaken for a number of reasons including to reduce large quantities of information into smaller pieces for easier dissemination, and to increase the power and generalisability of the results. Many of the systematic reviews so far completed are based on evidence of effectiveness of an intervention gathered from randomised controlled trials. This is invariably the case for reviews done within the Cochrane Collaboration. A methodology for systematic reviews using other research designs, such as quasi-experimental, observational and qualitative research is much less well developed. Whilst some nurse researchers develop systematic reviews, there is room for expansion of our activity in this field.

The series of papers that follow explore the method in detail from initial idea to analysis and application, including the use of quantitative and qualitative data from primary research. The presenters will draw on their recent experience of completing three Cochrane systematic reviews evaluating psychological interventions and family therapy for people with asthma. Examples form the literature will also be used to highlight the value of integrating qualitative research data with systematic reviews.

Paper 1

Getting started

Dr Caroline Shuldham

The Cochrane systematic review process is a well defined, structured approach to finding, appraising and summarising worldwide literature to answer a research question. This presentation will consider the development of a review protocol for submission to the Cochrane collaboration. In common with other types of research the protocol identifies the rationale for the review, objectives, methods to locate, select and critical appraise studies, and to collect and analyse data from the included studies (www.cochrane.org/resources/handbook/index.htm accessed on 13/09/05). It will consider appropriate search strategies for identification of studies including electronic searches, grey literature sources such as reports and conference proceedings, hand searching, reference lists and correspondence with authors. Practical tips will be given throughout.

Paper 2

The review: Methods and analyses

Sharon Fleming

This paper will discuss the process of critically appraising the literature and undertaking a systematic review. It will cover the need for the review to ask a focused clinical question so that papers can be screened effectively against inclusion criteria, their quality appraised and data extracted. The presentation will explore analytical methods including meta-analyses, odds ratio, relative risks, weighted mean differences, fixed and random effects. The precision of results, their validity and clinical applicability will be discussed using practical examples from the asthma reviews The design and results of the systematic reviews and the methodological issues that limited the collective analysis of data will also be discussed.

Paper 3

Papers that go beyond numbers

Janelle Yorke

Increasingly the types of questions being asked in health care research can be answered using qualitative as well as quantitative data. Qualitative research is gaining recognition for the insightful perspective it provides on patients' and healthcare workers' experiences and needs. There is an increasing need to combine the results of these projects to make a significant contribution to the body of evidence and practice. However, this is a relatively new concept. Adherence to asthma treatments provides a prime example of how systematic reviews and meta-analysis informs us as to which drugs are most effective to prevent and alleviate symptoms yet questions remain about patients' use of prescribed medication and practitioners' use of guidelines. Qualitative methods can help bridge the gap between scientific evidence, clinical practice and patients' reality of living with asthma (Green and Britten 1998). This paper considers some practical examples of reviews where quantitative and qualitative data have been examined, and discusses the advantages and challenges of combining or integrating quantitative and qualitative analysis.

Conclusion

Through these presentations we will have explored the Cochrane review method and the challenges we encountered. This will provide a basis to debate with the audience the relevance of systematic reviews within nursing.

Symposium 10

Research challenges: Lessons learned from studies on 'sensitive' topics or with 'difficult to access' groups.

Daniel Kelly, Reader in Cancer & Palliative Care, School of Health & Social Sciences, Middlesex University, London, United Kingdom

Co presenters: Carol Cox, City University, Professor Nora Kearney, Stirling University, Dr Sylvie Marshall-Lucette, St George's & Kingston University

Abstract:
This symposium will explore the practical, methodological and ethical issues that may arise when researching 'sensitive' topics or when seeking the views of groups who may be considered 'difficult to access'.

The symposium will draw on three UK cancer studies currently in progress to explore a range of relevant issues and stimulate further debate with colleagues. The symposium will last for 90 minutes with time available for questions and discussion with the researchers involved.

Researching the Psychosexual Impact of Prostate Cancer on Couples: Methodological Considerations

Research Team: Dr Daniel Kelly. Dr Sylvie Marshall-Lucette Isabel White. *Presenter.*
Funder: Macmillan Cancer Relief.

Abstract
The aim of this presentation is to explore methodological considerations as they relate to an ongoing qualitative study of the psychosexual impact of prostate cancer on couples two years after treatment. The study has taken place in two phases. The first involved non-participant observation of prostate cancer consultations. The second phase of the study (and the focus of this presentation) involves couples engaging in open-ended, in-depth interviews, about the impact on their relationship and sexual function following the diagnosis of prostate cancer. The intimate nature of the research topic suggested a need for sensitivity that would both inform and contextualise data collection and analysis (Coffey 1999). However, there is a dearth of literature about this issue in the literature.

It will be argued that methodological strategies are essential when addressing such sensitive research topics. In this study, for instance, it was crucial to establish ways of dealing with discomfort or embarrassment during data collection as well as developing ways for encouraging disclosure. Given the complex, sensitive and intensely personal data being sought it was also important to question how best to address questions of reliability (Renzetti and Lee 1993). The paper will focus on three levels of methodological concerns: researching a sensitive topic; exploring the methodological implications (including ethical issues) and the identification of strategies to enhance data analysis.

References
Coffey, A. (1999) The Ethnographic Self: Fieldwork and the Representation of Identity. London, Sage.

Kelly D (2004) Male sexuality in theory and practice. Nursing Clinics of North America. 39: 341-357.

Renzetti, C.M. and Lee, R.M. (Eds) (1993) Researching sensitive topics. London, Sage.

Black and Minority Ethnic non-English Speaking Women Affected by Breast Cancer: Access to Health Care

Research Team: Alison Coutts. Professor Carol Cox Kirsi Roine* *Presenters* *Funder: City University.*

Abstract:
The project aims to discern the extent to which Sylheti and Bengali (non-English speaking) women affected by breast cancer have experienced difficulties in accessing health care, and to identify the factors influencing their decisions to request health care. This ongoing project also aims to identify the impact health care on their lives and the extent to which information regarding breast cancer is appropriate to their needs. The mortality rates of breast cancer in the area of investigation are higher than the national average. It has also been indicated that low levels of awareness about cancer risk factors, as well as poor attendance to screening and early detection services are significant problems in this area (Haste 2002). The presentation will focus on the methodological and ethical challenges encountered when studying non-English speaking populations who are currently engaging with NHS services. This will include an analysis of the ethical challenges that may arise for nurses and other professionals when undertaking research with such groups. Strategies for recruiting 'hard to reach' populations as well as issues around data access and analysis of data will also be discussed. The challenge of ensuring that findings are presented in ways that are relevant for this unique cancer patient population will also be explored.

References:
Bhopal R & Rankin j(1996) Cancer in ethnic minority populations: priorities from epidemiological data. British Journal of Cancer. 74 (Supplement 24) s22-s32.

Haste F (2002) Overview of cancer in North East London. Report for the North East London Cancer Network.

Mollassiotis A (2004) Supportive and palliative care for patients from ethnic minorities in Europe: do we suffer from institutional racism? European Journal of Oncology Nursing. 8: 290-292.

Accessing public views about cancer and cancer care: challenges and opportunities

Research team: Professor Nora Kearney Neneh Rowa-Dewar* Katherine Ryan Dr Gill Hubbard Irene Hargan Wendy Ager *Presenters* *Funder: The Scottish Executive.*

Abstract:
Patient and public involvement in NHS Scotland is a high priority policy area. However, due to a number of complex factors there remains uncertainty and confusion about implementing this key agenda within cancer care. The Rapid Appraisal approach adopted utilises qualitative, quantitative and participatory research methods to gather information including documentary sources, individual interviews, focus groups, open meetings and questionnaires (Ong and Humphries, 1994). In addition to informing "traditional" health and social care representatives of the activity members of the research team also visited local groups and businesses to engage with the local population (Murray et al 1994). Methods were adapted whilst in the field to suit the community in question (Koelen et al 2001). For example, to access the views of children, we visited schools and asked the children to draw cancer, using the 'write-and-draw' technique. To access men's views we approached groups for professional businessmen as well as arranging an open meeting in a Glasgow shipyard. We found rapid appraisals to be equally appropriate for deprived and otherwise marginalised communities as for more affluent communities such as ethnic minorities. During the research process, we have come across both challenges and opportunities of involving 'hard-to-reach' communities in research which we look forward to sharing and discussing with colleagues.

References:
Koelen, M., Vaandragen, C. and Coloner, C. (2001) Health Promotion: dilemmas and challenges, Journal of Epidemiology and Community Health, 55: 257-262.

Murray, S., Tapson, J., Turnbull, L. McCallum, J., Little, A. (1994) Listening to local voices: adapting rapid appraisal to assess health and social needs in general practice, BMJ, 308: 698-700.

Ong, B.N. and Humphries, G. (1994) Prioritizing needs with communities: rapid appraisal methodologies in health. In J. Popay and G. Williams (eds) Researching the People's Health. Routledge: London.

Symposium 11

Evaluation of new nursing roles: The impact of governance and incentives on outcomes

Chair: Professor Celia Davies

Fiona Ross, Director of Nursing Research Unit, Nursing Research Unit, King's College London, London, United Kingdom

Co presenters: Sara Christian, Ruth Harris, Sally Redfurn and Fiona Ross

Abstract:

The concepts of governance, incentives and outcomes are becoming increasingly important in the current health and social care climate. Governance is often viewed as multi-layered, complex and elusive within the context of organisational change in health and social care, but at its simplest is the way "in which organisations and the people working in them relate to each other" (Davies et al 2005). Incentives are also deeply embedded in the structures of NHS reform as a result of the urgent and continuing concern from the Department of Health over finding levers to change workforce organization and improve performance.

This symposium addresses how far governance and incentives are linked to outcomes of changes in nursing roles through a review of a cluster of studies conducted over the last ten years in the Nursing Research Unit and the School of Nursing and Midwifery at King's College London.

Successive governments have recommended changes to nurses' roles and the skill mix in health care teams as a solution to improving the quality of patient care. Previous research that has evaluated these innovations has tended to be atheoretical, small in scale, often descriptive and has not developed knowledge within coherent programmes of work. Over the last ten years, we have conducted major and national evaluations of innovations in nursing roles and clinical leadership, on which this paper draws: evaluation of nursing development units (Redfern et al 1997, Christian & Norman 1998); nurse consultant roles (Guest et al 2004); nurse-led intermediate care (Harris 2003, Griffiths et al 2001) and nurses as opinion leaders in the development of evidence-based practice (McLaren et al 2002, Redfern & Christian 2003, Ross & McLaren 2000). Through these studies, we have built a substantial body of knowledge about how new roles and interventions develop and their impact on practice. The key findings that have emerged concern the impact of new roles, support of new roles, complexity of new roles and leadership of change.

In this symposium we take a long view of these innovations and set out to address how far there are common contextual, professional and personal features and mechanisms that support or constrain the pathways to role innovation and their impact on outcomes. Our approach to the analysis is to aggregate data across the "cases" and to explore these thematically and within a framework of governance, incentives and outcomes, taking into account the variations in the policy context for the four studies; the specific research questions and methods and differing meanings ascribed to terms such as leadership.

The papers will discuss the findings of the studies in relation to what we know about:

- Organisational support and partnership arrangements for new roles. New roles are frequently described as complex and challenging and an understanding of the nature of this allows us to support and drive change appropriately. One message emerging from our studies of new roles is the need for role sponsors to give much greater thought and commitment to the planning for, and then sustained support for, new role incumbents.
- Incentives and motivating factors that lead to successful implementation and embedding of new roles within organisations, and disincentives – for whom and when? Sustainability is crucial if role change is to be long lasting and effective. We have identified several mechanisms, which need to be established during the implementation period to ensure sustained change and these will also be discussed in this presentation.
- How outcomes (job satisfaction, adherence to guidelines, practice change and patient outcomes) may be linked to governance and incentives. We will consider how differing governance and incentives have had an impact on outcomes from a range of stakeholder perspectives: the patients, the nurses themselves, other staff or the organisation as a whole.
- Why findings from this body of work on innovation in nursing have not had a greater reach or influence on the modernising health agenda. The reasons for this are complex and perhaps reflect the ambiguous and uncertain place that nursing research holds within the policy community and research politics in universities that values academic rather than policy related outputs.

A major cross cutting theme that emerges from these studies is the issue of professional support and leadership for nurses when navigating change in clinical practice.

The outcomes from our studies of new roles in nursing will be discussed in relation the wider literature on governance and incentives in a chaired discussion led by Professor Celia Davies. Professor Sally Redfern will also be a key contributor to this symposium.

References:

Christian S L, & Norman I J 1993 Clinical leadership in nursing development units. Journal of Advanced Nursing 27: 108-116

Davies C, Anand P, Artigas L, Holloway J, McConway K, Newman J, Storey J & Thompson G 2005 Links between governance, incentives and outcomes: a review of the literature. A report for the National Co-ordinating Centre for NHS Service Delivery and Organisation. http://www.sdo.lshtm.ac.uk/pdf/studyinghealthcare_davies_finalreport.pdf Accessed 14.09.05

Griffiths P, Harris R, Richardson G, Hallett N, Heard S, Wilson-Barnett J 2001 Substitution of a nursing-led inpatient unit for acute services: randomized controlled trial of outcomes and cost of nursing-led intermediate care. Age and Ageing 30: 483-488

Guest D, Peccei R, Rosenthal P, Redfern S, Wilson-Barnett J, Dewe P, Coster S, Evans A, Sudbury A 2004 An evaluation of the impact of nurse, midwife and health visitor consultants. Management Centre, King's College London Harris R G 2003 Evaluating nursing-led in-patient units through a randomised controlled trial and the aggregation of data from a programme of three studies. Unpublished PhD thesis. School of Nursing & Midwifery, King's College London, London

McLaren S, Ross F, Redfern S, Christian S 2002 Leading opinion and managing change in complex organisations: findings from the South Thames Evidence Based Practice project. NTResearch 7 (6): 2-16

Redfern S, & Christian S 2003 Achieving change in health care practice. Journal of Evaluation in Clinical Practice 9 (2): 225-238

Symposium 12

A project to explore the influence of lecturer practitioner, mentor and link tutor roles on the integration of theory and practice in the curriculum

Ros Carnwell, Professor and Director of Centre for Health and Community Research, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, United Kingdom

Co presenters: Sally Baker, Alex Carson, Malcolm Godwin

Abstract:
This symposium presents the results of a three-phase exploratory study funded by the Chief Nursing Officer's office of the National Assembly for Wales.

The context - nurse education in Wales

Dr Malcolm Godwin

The integration of theory and practice for pre-registration nursing students in Wales is guided by the All-Wales Fitness for Practice curriculum (WAG 2002). This outlines standards that clinical placements are required to meet (to be audited by link tutors), explains the educational preparation required for new mentors and the roles and responsibilities for student assessment. It also requires that summative clinical outcomes must be achieved during the Common Foundation Programme and Branch Programme and that student portfolios must be standardised throughout Wales.

Background and aims of the study

Professor Ros Carnwell

The Fitness for Practice Report (UKCC) identified a gap between education and service provision in nurse education. Realising the Potential (NAfW 1999) also identified the need for education to be closely linked to practice, whilst Creating the Potential (NAfW 2000) emphasised student support in clinical areas. However, despite the use of a variety models for practice teaching there is no consensus regarding which model works best in clinical settings (Humphries et al 2000). Three roles currently used to facilitate theory-practice links are the mentor role, the Lecturer Practitioner (LP) role and the link tutor (LT) role. Within the three roles, the literature highlights similar concerns - lack of role clarity and preparation for the mentor role, conflicts within the LP role and the need for clinical credibility for LTs. However, no reported studies consider how the different roles work together to support students in both practice and academic settings, whilst also facilitating practice development and evidence-based practice. This study therefore explores how these different practitioners facilitate students to integrate theory and practice.

Aim
To explore ways in which mentors, lecturer practitioners and link tutors facilitate pre-registration nursing students to integrate theory and practice.

Methodology and research setting
The study was exploratory in nature, involving both qualitative and quantitative methods. Collecting data from a range of stakeholders - students, LPs, mentors, LTs and NHS/Higher Education managers - ensured a complete picture of the study phenomena. The study involved three NHS Trusts in North Wales and two Higher Education Institutions. Within each Trust, four sites formed 'case studies' for the research.

Phase one - Interviews of LPs

Dr Alex Carson

This paper presents the first phase of the exploratory study and focuses on LPs' perceptions of their own role and how it had developed during their period of secondment from clinical practice. A purposive sample of 11of the 30 LPs in North Wales were interviewed face-to-face, using a semi-structured interview schedule. LPs from both HEIs in North Wales and from both acute and community settings were included. The findings reveal how LPs perceived themselves working between both clinical areas and higher education. Their role as 'honest brokers' or 'mediators' between education and service needs is discussed. The perception of their relationships with mentors and link tutors is described and the extent to which the different roles are considered as 'placement led' or 'problem-focused'. The findings also reveal what LPs consider to be the most important part of their job, particularly in relation to 'fitting students for practice'. Differences between LPs in specialist, acute and community settings are also explored. An important finding concerns the workload of LPs and their perceptions of their future role.

Phase two - Questionnaire survey

Sally Baker and Dr Malcolm Godwin

This paper presents phase 2 of the study. This comprised a postal survey of students, mentors and link tutors across North Wales to explore their views. Three questionnaires were developed specifically for the study by the project team. 311 questionnaires were distributed yielding an overall response rate of 33.3%. This process will be discussed and the strengths and limitations of the approach will be shared before the findings are described. Similarities and differences of opinion between the different sample groups were found about the nature of mentor, LP and LT roles, how they facilitated learning, integrated theory into practice, and supported students in the clinical area. The findings suggest a number of barriers to role effectiveness and solutions are suggested.

Phase three - Focus group interviews of senior nurse managers

Professor Ros Carnwell

This paper presents the third and final phase of the study and concludes with the overall findings and key recommendations. Four focus group interviews were conducted (n=18) - three of senior NHS trust managers and one of Higher Education managers. The purpose of the interview was to explore perceptions of different stakeholders of the implementation of the LP role within the three North Wales Trusts within the context of the existing mentor and link tutor roles. Participants' perceptions of the mentor role are explored first, including variations in clinical expertise and knowledge and in how they support students. Participants' suggestions for team mentorship are also discussed. Perceptions of the LP role will then be discussed, including variations in working arrangements, preparation and support for the role, and tensions within the role. Recommendations are made regarding the extent to which LPs could adopt components of mentors' and link tutors' roles. The LT role is then discussed, including different perceptions of the proximity of LTs to practice. Difficulties in supporting students whilst meeting the demands of higher education are also explored.

Conclusion to symposium

Professor Ros Carnwell

The symposium will conclude with a summary of the key findings and key recommendations.

Symposium 13

Making a difference through the development of person centred nursing

Chair: Brendan McCormack, Professor of Nursing Research, Department of Nursing, University of Ulster, Belfast, Northern Ireland

Co presenters: Dr Tanya McCance, Rob Garbett

Abstract:
The concept of person centredness features prominently in recent policy documents. This symposium presents the background, methodology, methods and outcomes of a study that set out to evaluate the effectiveness of person centred approaches to care across eight clinical areas in a large teaching hospital. The study has produced, for the first time, a validated instrument to identify outcomes of person centred processes for patients and staff. As a result this study has demonstrated a range of positive outcomes for staff and clients in terms of increased satisfaction, autonomy and morale as well as reduced stress. The study has also provided conceptual and research outcomes that provide the opportunity for further refinement and testing of the theoretical framework for person centredness, the instrument developed and the methodological approaches used.

Paper 1

Introduction and methodological overview

Professor B. McCormack, Dr T McCance

Evidence suggests that adopting person centred approaches to nursing provide a more holistic approach to care, and may increase patient satisfaction with the level of care, reduce anxiety levels among nurses, promote team working among staff and increase job satisfaction. Person-centeredness is seen as being concerned with the authenticity of the individual, i.e. their personhood. Central to personhood are the values and beliefs of the individual, developing ways of ensuring that the values and beliefs of patients and those caring for them are identified and worked with. The study was developed from previous work undertaken by the authors (McCance, 2003; McCormack, 2003; McCormack and McCance [in progress). Putting the ideas of person centredness into action and then providing evidence of the impact of those ideas presented methodological challenges. These were addressed through the use of a quasi-experimental design, with a qualitative element interwoven throughout. The use of a quasi-experimental design is common in evaluative research of this nature and is distinguished from 'true' experiments primarily by their lack of randomisation of subjects to an experimental and a control group. The study therefore aimed to establish differences on dependent variables as a result of the intervention. Therefore, the use of a combination of methods has been a means of providing a fuller understanding of the effectiveness of using person-centred nursing. The intervention consisted of a practice development programme designed to develop an understanding of person centredness in order that it could be used as the conceptual basis for critically examining and changing practice.

Paper 2

The bigger picture – The Person Centred Nursing Index and findings from the project

Paul Slater

The Person Centred Nursing Index was developed as part of the project. It consists of two tools, one for nursing staff and one for patients. The tools were developed from existing tools and revalidated for use in this project. The Index was used at five time points over the project. Over the course of the project it was possible to identify changes in trends within the component parts of the tools (that focused on a range of outcome measures including perceptions of how caring is seen by patients and staff stress, morale and job satisfaction). This paper shows both an overall analysis of the project data while also looking in detail at how the data mirrored aspects of the practice development intervention at particular times of the project. It will show how data collection informed understandings of the impacts of particular practice changes. The synergistic relationship between the data collection points, the feedback cycles to participating areas and the linkages with practice changes will be illustrated. The intervention produced a positive change in nurses working environment, particularly in the area of work stress. Perceived patient care improved as a result of the intervention. Nurses' perceptions of caring developed to move from technical- focused aspects to nursing to a more engaged style of nursing.

Paper 3

Outcomes for teams, individuals and patients – accounts from participating sites

Leaders from clinical teams

The study had a range of both anticipated and unanticipated outcomes. This paper outlines the impact of participation in the project on some of the clinical areas involved who acted as co-researchers in the intervention stage.

Outcomes include:

- For patients

  The introduction of new practice designed to recognise individuals' personhood, for example, approaches to assessment, improved continuity of care, flexibility to individual needs

  Increased satisfaction with care

- For staff

  Greater participation and involvement in the delivery of services

  Increased autonomy, sense of empowerment o Increased satisfaction and decreased stress

The paths taken through the project were often complex. A range of 'real world' factors made progress difficult, for example changes in leadership, periods of short staffing, building work and so on. These accounts focus on how working with the project had an effect on practice within the context of a challenging working environment.

Paper 4

Lessons learnt and implications for practice development research

Robert Garbett, Brendan McCormack, Tanya McCance

The conduct of change oriented research in clinical settings presents a range of methodological, practical and conceptual difficulties. In addition there are expectations from a range of stakeholder groups that need to be met. This study demonstrates how practice development approaches can be used as a carriage for delivering a range of outcomes that have meaning for service users, participants and organisations, as well as achieving outputs that are of use to the research community as a whole. This paper puts the study into the context of its contribution to approaches to achieving sustainable practice improvement within health care settings.

Symposium 14

Building research capacity: A case study of two schools of nursing & midwifery in the United Kingdom

Sian Maslin-Prothero, Professor of Nursing, School of Nursing and Midwifery, Keele University, Stoke on Trent, United Kingdom. Email: nsa28@keele.ac.uk

Co authors: Dr Helena Priest, Dr Jeremy Segrott

Abstract:
The symposium is based on research undertaken in the UK on building research capacity and consists of 5 papers that will: examine the policy drivers for building capacity from an international perspective; justify the methodology; present the 2 case studies from University X and Y University; and conclude with what has been learned, limitations and future work.

Background & context

Julie Douglas, Barbara Green, Mike McIvor, Jeremy Segrott

The first paper provides a rationale for the project within its social and political context. Developing research capacity is a key challenge facing the nursing profession worldwide. With the movement schools into Higher Education (HE) there has been a clear expectation that nurse lecturers will undertake research in the same way as longer established disciplines in HE. This, coupled with the rise of evidence based practice, has placed research high on the nursing and midwifery agenda. However, the development of research has been hampered by a lack of funding, the absence of a history of research activity, and cultural barriers such as low confidence and negative attitudes. Despite this, many schools have made major progress in undertaking research, which makes a real impact on practice and patient care (Green et al 2005). The literature offers many examples of capacity building strategies and challenges, but more work is needed to understand the process of implementing and evaluating capacity building (Segrott et al 2005). This research project, based in two UK Universities, posed the questions: 'how do departments of nursing education develop the research capacity of their academic staff?; what approaches do they use?; and why are the outcomes as they are?' A case study methodology was used, which identified: research capacity strategies, the success of these strategies, the factors affecting research productivity, attitudes towards research, and the interaction between strategies and the practice of individual nurse academics.

Case study methodology - multiple perspectives

Julie Douglas, Jeanette Hewitt, Amelia Rout, Jane Thomas

To achieve its aim, the project needed to draw upon different kinds of data using a combination of research methods. A case study approach provided an effective framework, and a purposive sampling strategy identified appropriate participants (Holloway & Wheeler, 2002). Ethical approval was sought and granted for both sites. The project team undertook: a literature review, documentary source analysis, individual interviews, and focus groups, and secondary analysis of data (such as numbers of staff publications). The literature review examined research capacity development in nursing schools and in comparable disciplines (eg education, social work). Key school documents were identified and analysed to identify research capacity strategies, using a framework specifically designed for the study. Face to face interviews were held with senior staff involved in developing these strategies, and focus groups with 'rank and file' academics to examine factors affecting research productivity and attitudes towards research. The researchers became fully immersed in the data in order to develop key categories and patterns. The research questions and the literature review helped guide the analysis, especially in relation to determining themes and patterns most relevant to addressing the aim of the project. Internal validity of data was assessed, through triangulation of data sources. An 'audit trail' was maintained thus increasing reliability of data and findings (Parahoo, 1997).

University X

Barbara Green, Pauline Griffiths, Jeremy Segrott

The School of Health Science at University X had faced and risen to the challenge of building research capacity; the university funded a research project to evaluate the strategies implemented, explore factors affecting individual academics ability to undertake research, and make recommendations for future capacity development (Cooke et al 2001). Strategies included: giving all staff the opportunity to develop a research career; establishing Masters programmes and a taught Doctorate; providing study leave and financial support; and seminars and workshops for staff to share problems and ideas. The School also recruited new staff with research experience to work collaboratively and share their expertise, providing opportunities for externally funded research and collaborative writing/publication. Key to success was the appointment of a research manager to assist with funding applications, writing academic papers, and conference presentations. Evaluation of these strategies through interview and focus group analysis identified these main themes: time, knowledge and skills, and culture. Findings indicated that future research was needed to increase knowledge about the process of developing research capacity, and the complex interaction between individual practices and organisational strategies. These elements were addressed in the comparative study, as outlined in the following paper.

Y University

Helena Priest, Jeremy Segrott

This paper discusses the comparative study and its key findings. The project at University X was developed with the intention of replicating it elsewhere (Cooke et al 2001; Green et al 2005). A search identified Y University as a potential partner because it was also actively developing research capacity and faced similar challenges, including staff with limited research experience. The aim was to evaluate different approaches taken by Y and solutions found. University X invited Y University to become co-researchers and identify a number of project activities. The project's characteristics presented unique challenges and opportunities including: a collaborative team approach enabled staff from geographically distant Schools to work together for the first time; maintaining links and understanding skills, training needs, and workload pressures sometimes hindered progress;'insider research', with staff studying the practices and experiences of colleagues, meant that some limitations had to be placed on task allocation; maximising researchers' learning experiences had to be balanced with the need to ensure research outputs and the timely conclusion of the project. Analysis suggests that different strategies have produced some similarities yet marked differences for both institutions.

Outcome and reflections

Yvonne Flood,Jeanette Hewitt, Sara Morris, Claire Rushton

This final paper explores the experiences of the researchers from the perspectives of neophyte, midiphyte and experienced researchers. The development of new knowledge and research capacity is an integral part of the nurse academic's role. Working in an institution with a strong educational focus, neophyte researchers (staff needing formal training in research and the involvement in others' research to gain generic skills) and 'midiphyte' researchers (those who have some post-basic training but need support to develop their own research ideas) can feel intimidated by this challenge. The opportunity to collaborate with experienced research partners from another Higher Education institution in an established research project was an exciting opportunity for the Y University team. Issues raised have related to logistics, communication challenges, the supportive use of technology, and over-optimistic time scales. The multidimensional nature of the research has meant that a variety of school staff have been involved in a wide range of research activity. The challenge for individual researchers has been to keep an overarching vision of the project as a whole. The key to the success of this collaborative project has been the strong desire to develop skills and knowledge and share experiences, thus ensuring a wider worldview amongst the team and a more robust contribution to nursing knowledge. This learning and experience is transferable to other national and international institutions.

Symposium 15

Men and their use of health services

Alan White, Professor of Men's Health, School of Health and Community Care, Leeds Metropolitan University, Leeds, United Kingdom. Email: a.white@leeds.ac.uk

Co presenters: Dr Steve Robertson, Caroline Gunnell, David Conrad

Abstract:

The focus of this symposium will be on how men access and use health services in the community. An increasing awareness of the health problems of men has led many practitioners to look to men's access and use of the health service as one of the potential causes of the high rate of their premature mortality (White & Banks 2004). Over the previous ten years there has been a significant rise in male focused health provision, but the empirical research to back up this as a viable solution has been lacking. This symposium will present research that has focused on what men think of the health messages they are getting and on how they use both traditional health services and new services and initiatives aimed specifically at them.

The intention of the symposium is to explore how men see their health and how they make decisions relating to accessing health services such that more rational choices can be made about reconfiguring services to meet the challenge. The research studies presented here have looked at this area from a number of different methodological perspectives, from detailed epidemiological analysis, through randomised trial, to qualitative interview and fieldwork.

The first paper will be lead by Professor Alan White to provide the context for the symposium and will be based on the findings of a detailed analysis of the morbidity and mortality data from key international sources including the WHO and Eurostat relating to men and their health across 17 Western European countries(White & Cash 2003). Within this presentation the key emerging findings will be discussed including the importance of considering age specific data as opposed to age standardised data when looking at the mortality figures. This paper will highlight that when age specific data are analysed men have a higher rate of incidence than women for the majority of cancers, and a higher rate of premature death across the majority of health conditions that should affect men and women equally. The impact of socio-economic status on men's risk of health problems will also be considered as a major inequalities issue. This paper will suggest that lifestyle with increased risk taking is one component affecting men's health, but that how men access and use the health services is potentially another important factor.

This will lead into the following three papers. The second paper can be summarized as a how, when, where and why men engage, or not, with health promotion services and will be lead by Dr Steve Robertson.

This paper will cover issues of where a sample of men saw the responsibility for health lying, the distinction they make between health and illness, and the importance of this in engaging (or not) with services. Within this paper the question of the role and responsibility of the NHS in promoting health will be addressed along with a consideration of what the men said about health screening, health information, and the role of the media in raising awareness of health. The paper will also cover the men's views of particular places/spaces for undertaking health promotion work with men.

This paper reflects one aspect of a PhD study (Robertson 2003), which was based on empirical data from four focus groups and in-depth interviews with 7 community health professionals and 20 lay men (including a sub sample of 7 gay men and 6 disabled men).

The third paper in the series will be lead by Caroline Gunnell and will report on two studies around the area of men's usage of health services.

The first is a qualitative project looking at 'what are the barriers to men taking responsibility for their own health?'. Data collection was through three semi-structured focus groups with builders, hairdressers and policemen aged 25 to 40 years to determine their knowledge and understanding of health issues that affect men particularly and their use and possible use of health services. This study also explored with the men issues around their responsibility for their own health. The second study comprised a quantitative trial to determine if inviting men to a health check with an actual date and time of an appointment was more effective than writing and asking men to make their own appointment. In the intervention group 100 randomly selected men aged from 25-45yrs from a GP practice were sent invitations with a date and time of an appointment to see a nurse for a health check, as opposed to the control group where they were asked to make their own appointment. The results from this study suggest that men do attend if the barrier of having to make their own appointment is removed allowing preventative/ health promotion work and health issues to be addressed at this time.

The final paper in the symposium will be lead by David Conrad and will report on the second phase of the evaluation of the work undertaken by the Bradford Health of Men team as part of their £1m Big Lottery Healthy Living Centre project. Three areas of the new male orientated services that they offer have been evaluated through the use of fieldwork and interviews with the men and boys using the service. This qualitative approach to evaluation offers an opportunity to see how the men access and use the service as it happens as opposed to relying on a post hoc reflection.

The three areas that have been focused on for this study are: the Tic Tac [Teenage Information Centre & Teenage Advice Centre] sexual health service run in conjunction between the Tic Tac Team and the HoM team within a school setting; A weight loss programme run with groups of men in a work environment and a men's health clinic run by the HoM team within a Health Centre and which runs against the general trend by being successful at attracting a significant number of men. This study builds on previous years work and will present the emerging model of men's decision making with regard to their help seeking behaviour.

Symposium 16

Substance use and misuse: Research and evidence for nursing, public health and primary care

Chair: Professor Hazel Watson

David Foxcroft, Professor, School of Health and Social Care, Oxford Brookes University, Oxford, United Kingdom

Co presenters: Lindsey Coombes, Debby Allen, Dr Aisha Holloway, Jo Neale and Hazel Watson

Abstract:
The main theme linking all papers in this symposium is substance use and misuse research, with implications for nursing, public health and primary care in the United Kingdom. Four of the five presenters are Registered Nurses and a further critical and reflective theme of the symposium, also linking all papers, is how relevant this research is for nursing practice. Each presenter will draw out the implications of their research for nursing practice and for further research and the discussant will elaborate on this theme.

The needs of children of problem drug users in Oxfordshire as perceived by parents and service providers

Lindsey Coombes, Debby Allen; Oxford Brookes University

Background:
There are between 200,000 and 300,000 children in England and Wales where one or both parents have a serious drug problem. Parental problem drug use can compromise children's health and development and the adverse consequences for children are typically multiple and cumulative.

Aims:
1) to identify children of problem drug users in Oxfordshire;

2) to identify any unmet needs of children of problem drug users in Oxfordshire

3) to make recommendations regarding the models for providing services for children of problem drug misusers.

Methods:
The incidence and location of children of problem drug users in Oxfordshire was identified through information from key services. Thematic analysis was used on transcripts of semi-structured interviews with purposive samples of 10 parents with problem drug use and 15 service providers.

Results and discussion:
Data highlighting problems in identifying children of substance misusing parents will be discussed (e.g. double counting, organisational boundaries, inadequate databases, definitional issues, confidentiality, professional judgement). Possible models of helping children who have substance misusing parents will be considered.

Preventing alcohol and drug misuse in young people: Adaptation of the strengthening families programme (SFP) for use in the UK

Debby Allen, Lindsey Coombes, David Foxcroft; Oxford Brookes University

Background:
A Cochrane review of the prevention of alcohol misuse in young people has highlighted the potential of the Strengthening Families Programme (SFP10-14), based on one RCT from the US. However, cultural differences mean that the SFP10-14 results may not translate to other countries.

Aims:
1) to adapt the original SFP10-14 materials for the UK;

2) to model (Phase I) and explore (Phase II) the adapted programme with parents and young people in the UK;

3) to develop a protocol for a Phase III trial of the SFP10-14.

Methods:
Focus groups for adaptation of materials were used in Phase I (N=19 parent/guardians, 16 young people). A RCT in 3 schools in different locations in the UK was used at Phase II (N= 72 parent/guardians and 36 young people)

Results and discussion:
Findings from Phase I and Phase II will be presented. Implications for planning the Phase III trial will be discussed, as will the potential role of nurses in prevention programmes.

A good DEED: Preventing alcohol misuse and lifetime dependence amongst young people in Wales

David Foxcroft; Oxford Brookes University

Background:
Service planning should incorporate evidence into practice, yet much planning is ad-hoc and not systematic. One systematic approach to service planning encompasses four stages: Demographics, Epidemiology, Effectiveness, Delivery (DEED).

Aims:
To develop a DEED model for the primary prevention of alcohol misuse in young people in Wales.

Methods:
Computer modelling based on published demographic, epidemiological and effectiveness evidence.

Results and discussion:
The computer model supports the adoption of one specific primary prevention programme with a good cost:effectiveness ratio under various and wide-ranging assumptions. However, evidence shortfalls restrict the model's applicability. Implications for futher research, for service planning and for nursing services will be discussed.

Measuring the health of Scottish drug users

Jo Neale; Oxford Brookes University

Background:
The Short Form 36 Health Status Questionnaire (SF-36) is one of the most widely used generic measures of self-perceived health status. Despite this, there has been no large-scale research documenting the SF-36 scores of problem drug users in the UK.

Aims:
1) to compare the self-perceived health of a sample of problem drug users with that of a sample of the general population;

2) to investigate differences between the self-perceived health of various subgroups of problem drug users.

Methods:
1179 individuals starting a new episode of drug misuse treatment in Scotland were invited to complete a structured questionnaire that included the SF-36. Of these, 1,033 (87.6%) agreed and 990 successfully completed all SF-36 questions.

Results and discussion:
Comparing the respondents' mean SF-36 dimension scores with those of a sample from the UK general population revealed that the drug users' health was consistently worse than that of the general population (⇢ 20 points on 7 of the 8 scales). Significant differences between particular groups of respondents were identified, and these findings are important for drug misuse services.

Mind the Gaps: Drugs and alcohol issues for primary care staff

Hazel Watson; Glasgow Caledonian University

Background:
The widespread health and social consequences of alcohol and drug use mean that professionals working in all health and social care services encounter individuals who experience alcohol or drug-induced problems.

Aims:
To explore health and social care practitioners' current roles and knowledge regarding alcohol and drug-related work.

Methods:
Semi-structured interviews were conducted with a purposive sample of managers, health and social work practitioners, and reception staff from the multidisciplinary primary care, community mental health and social work teams throughout the city, ensuring diversity in terms of population numbers, ethnicity and deprivation.

Results and discussion:
Interviews with members of the nursing teams, i.e. Practice Nurses, Health Visitors, District Nurses and Community Mental Health Nurses highlighted a general agreement that alcohol and drug use impinged greatly on the work of nursing staff. Levels of confidence regarding their knowledge varied but were generally poor.

Symposium 17

Shared experience of evaluating the role of nurse consultants, via a similar method in different locations and with different research teams

Steven Campbell, Head of Nursing R&D, Head of R&D, Chair of Nursing Practice, Department of Research and Development, City Hospitals Sunderland NHS Foundation Trust, Sunderland, United Kingdom

Co presenters: Sabi Redwood, Ciaran Newell, Hilary Lloyd, Helen Hancock, Eloise Carr, Rob McSherry, David Mudd

Paper 1

Methodology and dialogue

Sabi Redwood, Bournemouth University and Ciaran Newell, Consultant Nurse for Eating Disorders

The evaluation took a stakeholder sampling approach with the nurse consultants, the focus, playing an active role in the selection of key informants, chosen on the basis of their working relationships with the nurse consultants and their ability to comment on their role (this was akin to a 360 degree approach, reflecting the full range of the nurse consultant function). The two sites, in the North-East and South Coast, recruited a number of volunteer nurse consultants to take part in the evaluation: from one mental health Trust and from three acute NHS Trusts . Fitting the nurse consultant role, key informants included clinical colleagues, students, academic colleagues, and managers from their practice organisation and higher education. The interviews included the generic function of the nurse consultant: practice and leadership, their practice development, educational and research activities. The interviews were analysed, using forms of thematic analysis fitting the interviews and the researchers, and contributed to the individual case studies for each consultant. The content of the case was shared with the consultants alone who then were able to use them for their own purpose, for example as an appraisal document or as part of their professional portfolio. Subsequent use of the content of the case studies for open consumption was agreed with the nurse consultant and the case studies were pooled and analysed to produce a final report.

This symposium paper seeks to bring to the surface the processes involved in making this participatory methodology work through a dialogue between a consultant nurse participant and a researcher. Their dialogue explores the intersection between the public sphere of the professional (consultant nurse and researcher) and the private sphere of personal dilemmas and anxieties.

Paper 2

The findings from the North East of England study

Hilary Lloyd, City Hospitals Sunderland NHS Foundation Trust and Northumbria University

The following is a summary of findings based on a minimally interpretive analysis of interview data using Miles and Huberman's (1994) approach. The Nurse Consultant (NC) role was affected by a number of contextual factors. Commonalities emerged in relation to perceptions of the role.

Role Expectation/clarification:
NC appointments were made in areas where a senior nurse could make a significant contribution to improving care. The interviewees held diverse expectations about the NC role.

Role Boundaries:
The way the role was introduced initially led to confusion about role and boundaries between the NC, other nurses and junior medical staff.

Role Ambiguity:
The lack of a managerial role, resistance to change and perceived lack of clarity about the role made it challenging and, for some, led to conflict with and criticism by colleagues. Role Impact: Being a change agent was seen as an important feature of the role. The NC and their colleagues were able to identify significant changes in the service delivery that were associated with the appointment of the NC. The NCs' colleagues attributed much of the success of the role to the personal qualities of the individual.

Expert Practice:
NCs have focused initially on the clinical aspect of their role and, by demonstrating their own expertise proved themselves as credible practitioners and clinical leaders.

Relationships:
Good working relationships and effective communication were seen as central to the success of the role, in particular in order to bridge the gap between nursing and medical staff.

Paper 3

The findings from the Bournemouth study

Sabi Redwood and Eloise Carr, Bournemouth University

Following thematic analysis, four categories emerged from the data: evolution, about the person, the work and resolving issues. Codes within the category Evolution describe informants' understanding of the emergence of consultant nurses as well as aspects of the role reflecting development and change. About the person describes the attributes expected of a consultant nurse, such as leadership, credibility and role expectations. These might be observed or deemed desirable in an applicant. They set the scene. The codes and categories making up the work describe the different aspects of the role and areas of practice, which were identified as clinical practice, service development across traditional boundaries, education and research. Resolving issues brings together aspects of the role that present challenges and helps identify areas for future development or research. Following a matrix analysis two further categories of 'leadership' and 'national work' emerged. They crossed all the themes generated from the first analysis and provide examples of work epitomising the work of consultant nurses in this study. This component of the symposium paper will illuminate these findings, drawing out the complexities integral to the role of the nurse consultant. The exemplars illustrate how the vision embodied in the original proposals for this role may be translated into practice.

Paper 4

Investing in the future role of the nurse consultant

Rob McSherry, Teesside University

The nurse consultant is undoubtedly an important role contributing to the modernisation agenda of the NHS and the future career pathways, and professional image of nursing. The role is unique, with the expectation that the nurse consultants would constantly challenge practice and push forward boundaries - once change had been achieved the skills would be passed onto other nursing colleagues and the nurse consultant would move on to develop another area of practice. The nursing profession had little time to prepare itself or the individuals for the role of the nurse consultant. Despite the initial challenges that they faced, the nurse consultants were well respected and seen as credible and valuable. Good working relationships were central to the success of the role, in particular in order to bridge the gap between nursing and medical staff. The development of a clear national and local strategy is needed in order to ensure the future development of the nurse consultant role. Preparation for and development of the nurse consultants remains central to such strategies. Development of nurse registrar programmes, while also perpetuating the medical tag, need to address the full range of skills and qualities necessary for a fully functioning nurse leader across the full role of the nurse consultant. Nationally, quotas need to be considered as a way of ensuring that the right individuals are developed in the correct area of practice. The locale and nationally needs to be prepared for potential nurse consultants, by contiuned exposure of successful practice to different audiences.

Workshop 5

Case study - a valuable strategy for nursing research

Ann-Louise Caress, School of Nursing Midwifery and Social Work, University of Manchester, Manchester, United Kingdom. Email: ann.caress@manchester.ac.uk

Co presenters: Dai Roberts, Head of Research and Development; Catherine Walshe, Department of Health Doctoral Research Student; Alison McNulty, Research Associate; Chris Waterman, Research Associate; Chris Todd, Director of Research; Andrew Long, Professor of Health Systems Research; Peter Mackereth, Nurse Consultant; Jacqui Stringer, Nurse Consultant; Sam Parkin, Clinical Manager; Ann Carter, Complementary Therapy Service Co-ordinator; Carolyn Chew-Graham, Senior Lecturer in Primary Care

Abstract:
Nursing research often involves study of complex, real-world situations. This calls for innovative approaches to conducting research (Bryar 1999, Pegram 1999). Furthermore, there is increasing interest in undertaking evaluative research, often relating to whole services and seeking to yield understanding of process aspects, rather than focusing solely on outcomes (Ingleton et al 1997, Walshe et al 2004). Yin (2003) defines a case study research approach as: "An empirical inquiry that investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident"

Characteristics of a case study approach include that it:

- Can be used to explore, describe or explain
- Can be informed by a range of research philosophies • Permits use of multiple data collection methods
- Addresses contemporary phenomena
- Can have single or multiple cases

Furthermore, a case does not necessarily mean an individual, but can include whole services or organizations (Yin 2003). Case study strategies have begun to gain favour in nursing research and other forms health services research (Bryar 1999, Gilgun 1994, Pegram 1999, Walshe et al 2004). However, case study is still relatively under-used, suggesting the need for increased awareness and understanding of this potentially valuable approach.

We therefore propose a workshop, aimed at novice to intermediate level, with the aim of introducing participants to this approach and discussing its potential utility for nursing research.

This workshop will:

- Outline the characteristics of case study research strategies
- Identify the two main approaches to case study research (Yin 2003 and Stake 2000) and their similarities and differences
- Use data from two on-going studies to illustrate applications of a case study research strategy
- Provide participants with opportunities to discuss the strengths and limitations of a case study research strategy and to consider appropriate uses of this approach

A range of teaching methods will therefore be employed ie:

- Short presentations by the workshop facilitators
- Group discussion
- Group-work exercises

These will be supported by handouts and lists of indicative reading & web-links.

The workshop will be facilitated by the following individuals:

- Ann Caress, who is an experienced nurse researcher and has led, or been a collaborator on, several projects which have utilised a case study strategy. Current and recently completed projects involving this approach include an evaluation of a service for patients with chronic obstructive pulmonary disease; a study of the practice nurse's role in asthma review management in primary care; a multi-centre evaluation of complementary therapy service provision in cancer care; and study exploring referral and assessment decisions in community palliative care. Ann is experienced in facilitating workshops, hence will take the lead on this aspect of the workshop.
- Dai Roberts, who is the Head of Research and Development at the largest hospice in the UK. He is currently leading a multi-centre evaluation of complementary therapy (CT) service provision in cancer care which employs a case study approach and whose findings will contribute to development of national guidelines on CT service provision in cancer care.
- Catherine Walshe, who is currently undertaking doctoral studies focusing on exploration of referral and assessment decisions in community palliative care. This study employs a multiple case study approach, involving three primary care Trusts (PCTs). Catherine has an in-depth understanding of the case study approach and has both presented and published in this area. She will utilise data from her doctoral work to illustrate how the case study approach can be applied
- Alison McNulty and Chris Waterman, who are research associates on a multi-centre study of complementary therapy (CT) service provision in cancer care. Alison has a strong background in qualitative research and research interests in supportive and palliative care. Chris has a research interest in complementary therapies and particular expertise in quantitative research, especially, medical statistics.

A brief introduction to the facilitators, the workshop and its aims

- An overview of case study methods, including identification of the two main approaches
- Group discussion of the strengths and limitations of case study approaches
- Presentation on a study of referral and assessment decisions in community palliative care
- Presentation on a multi-centre evaluation of complementary therapy (CT) service provision in cancer care
- Group work exercise on potential applications of case study research
- Group work exercise to outline the design for a study employing a case study research strategy
- Final questions and summing up

Learning outcomes:
At the end of the workshop, participants will be able to:

- Describe the key characteristics of case study research
- Discuss the strengths and limitations of this approach
- Identify potential applications of a case study research strategy

Recommended reading:

Bryar R (1999) An examination of case study research Nurse Researcher 7:61-78

Gilgun JF (1994) A case for case studies in social work research Social Work 39:371-380

Ingleton C, Field D, Clark D (1997) Multidisciplinary case study as an approach to the evaluation of palliative care services: two examples International Journal of Palliative Nursing 3:335-339

Pegram A (1999) What is case study research? Nurse Researcher 7:5-16

Stake RE (2000) The case study method in social inquiry. In: Gomm R, Hammersley M, Foster P (eds) Case study method. Key issues, key texts London: Sage

Yin RK (2003) Case study research. Design and Method. Thousand Oaks: Sage

Yin RK (2003) Case study research. Design and Method. Thousand Oaks: Sage

Workshop 6

The theory and practice of practitioner research

Susan Procter, City University, London, United Kingdom

Co presenters: Susan Croom, Senior Lecturer/ Research Fellow/Senior Nurse in Child and Adolescent Mental Health

Abstract:
The Department of Health proposed R&D strategy (Department of Health 2005) provides both new opportunities and new challenges for nursing research. Traditionally research in nursing has been located in universities and undertaken by academic nurses no longer engaged in practice. The new NHS R&D strategy will provide increased opportunities for nurses to engage in research however, those opportunities will be more available to nurses working in clinical settings. Increasing research opportunities in nursing will require building research capacity among practising nurses. However, many of the research methods taught in nursing curricula, in particular many of the qualitative research methods, assume that the researcher is accessing data for research purposes only.

Most qualitative research methods divorce practice from research. Indeed in many cases the advice given mitigates against the integration of clinical and research data suggesting that this will lead to bias and a lack of rigour in data collection and analysis (Strauss and Corbin 1999). Action research perhaps comes closest to addressing the problem of integrating qualitative methodologies with clinical practice, but again action research is primarily undertaken by academics working in partnership with practitioners (Meyer 2001, McCormack 2003, Bryar 2003). McCormack (2003) recognizes that there continues to be a divide in nursing between the 'knowledge generators' and the 'knowledge users' and that although there has been considerable progress made in the use of practice research, less progress has been made in formally connecting academic and practice communities.

This workshop will be pitched at intermediate level. The workshop will focus on a case study of practitioner research which recruited the parents of children on a Child and Adolescent Mental Health waiting list as both clients and co-researchers. The parents (n=25), all of whom scored high on indicators of social deprivation, attended a series of professionally-led parenting groups which were audio-taped. Expert professional content consisted of the empirical evidence underpinning a series of key CAMH concepts (including risk, resilience, attachment, ambivalence, temperament and information processing) found to be relevant to the 24 hour care of children with behavioural problems in an earlier study.

Critical Incident technique was used as both a clinical and research tool to elicit stories about daily parenting experiences. The parents were encouraged to analyse these stories by applying the professional evidence base to their own child and using critical social theory to envisage 'what might be.' Ethical permission to undertake this study was granted by the local research ethics committee.

Aim of the workshop:
To explore the methodological and ethical issues which arise for nurses if they recruit patients from their own caseload or clinical setting to their research study and simultaneously use qualitative clinically acquired data for research purposes. In the first part of the workshop participants will work in small groups to explore these issues using the case study given above. Anonymised data, findings and ethical dilemmas from the study will be circulated to trigger these discussions. Participants will be asked to comment on the validity and reliability of integrating qualitative research methods with clinical practice and to identify the methodological strengths and limitations of this approach for generating knowledge for practice. During the workshop this approach will be compared and contrasted with other approaches to research which collect data from patients or carers. For instance, considerable research has been undertaken with service users (Hayter 2005, Reed and Morgan 1999). This produces valuable evidence for practice but is often undertaken in isolation from clinical care processes, so the evidence produced is primarily educational and has be applied to the clinical situation.

In the second part of the workshop participants will be asked to explore the proposition that clinical practice research is about effectiveness (Muir Gray 2001, Fulop et.al. 2001) and therefore needs to develop methods for transforming qualitative evidence from user perspectives or experiences to clinical practice. The RCT will be used as an accepted example of a research method that frequently combines clinical and research data in order to measure effectiveness. Qualitative approaches are often preferred by nurses and are seen as more appropriate for addressing key nursing issues. Qualitative research is particularly well suited to accessing user experience which has the potential to make a major contribution to the development of knowledge on clinical effectiveness.

Findings from the CAMH study will be used to demonstrate the process by which parents were incorporated into the research as creators and contributors to clinical knowledge and not just users of services. The strengths and limitations of using qualitative methods in clinical settings to enable patients to create and contribute knowledge and evidence which can inform clinical effectiveness will be critically debated with participants.

Learning Outcomes:
- The ability to critically evaluate qualitative methods which assume a separation of researcher and professional identity
- An understanding of the ethical issues and dilemmas faced by undertaking qualitative research as part of clinical practice
- The ability to critically debate the contribution qualitative research methods combined with clinical practice could make to improving knowledge of clinical effectiveness.

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Recommended reading:
Bryar, R. 2003, "Practitioner research: An approach to developing research capacity in primary care", NT Research, vol. 8, no. 2, pp. 101-114.

Meyer J, (2001) Action research in In Fulop N, Allen P, Clarke A, Black N, (eds.) Studying the organisation and delivery of health services: Research Methods. London, Routledge. 172-187.
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Workshop 7

Constructing and evaluating conceptual-theoretical-empirical structures for nursing research workshop

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Abstract:

The content of this workshop is based on the three premises:

(1) that research always is guided by a conceptual-theoretical-empirical structure consisting of a conceptual model, a middle-range theory, and empirical indicators;

(2) that the conceptual and theoretical components of many studies are implicit;

(3) that the contribution of research to the advancement of nursing knowledge and its value to the discipline is maximized when the conceptual and theoretical components of all studies are explicit.

The purpose of the workshop is to enhance participants' ability to construct and evaluate explicit conceptual-theoretical-empirical structures for theory-generating (primarily qualitative) and theory-testing (primarily quantitative) research. The workshop will focus first on demonstrating how the concepts of a nursing conceptual model are used to guide selection of empirical indicators and data analysis techniques for middle-range theory-generating studies, and how the concepts of a nursing conceptual model are used to guide derivation of middle-range theories and selection of empirical indicators for theory-testing studies.

Examples of conceptual-theoretical-empirical structures based on various nursing conceptual models used in the U.K., U.S., and several other countries will be given. The workshop will continue with a discussion of criteria used to evaluate conceptual-theoretical-empirical structures. The evaluation encompasses evaluation of the conceptual-theoretical-empirical linkages (specification adequacy and linkage adequacy are the criteria); evaluation of the middle range theory (significance, internal consistency, parsimony, and testability of the middle-range theory are the criteria); evaluation of the empirical research methods (operational adequacy is the criterion); evaluation of the research findings (empirical adequacy is the criterion); evaluation of the utility of the theory for practice (pragmatic adequacy is the criterion); and evaluation of the conceptual model (credibility is the criterion). Workshop participants will learn how to construct explicit conceptual-theoretical-empirical structures and how to apply the criteria for evaluation of those structures to their own and other researchers' work.

The workshop is targeted to both novice and experienced researchers interested in learning more about the role of conceptual models and middle-range theories in nursing research.

Recommended reading:

Fawcett, J. (1999). The relationship of theory and research. 3rd ed. Philadelphia: F. A. Davis Publishing Company

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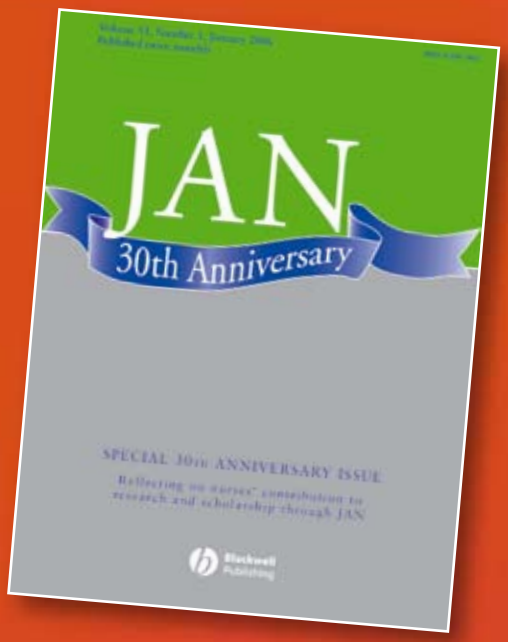

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